



*The Journal*  
**Michigan**

**STATE MEDICAL SOCIETY**

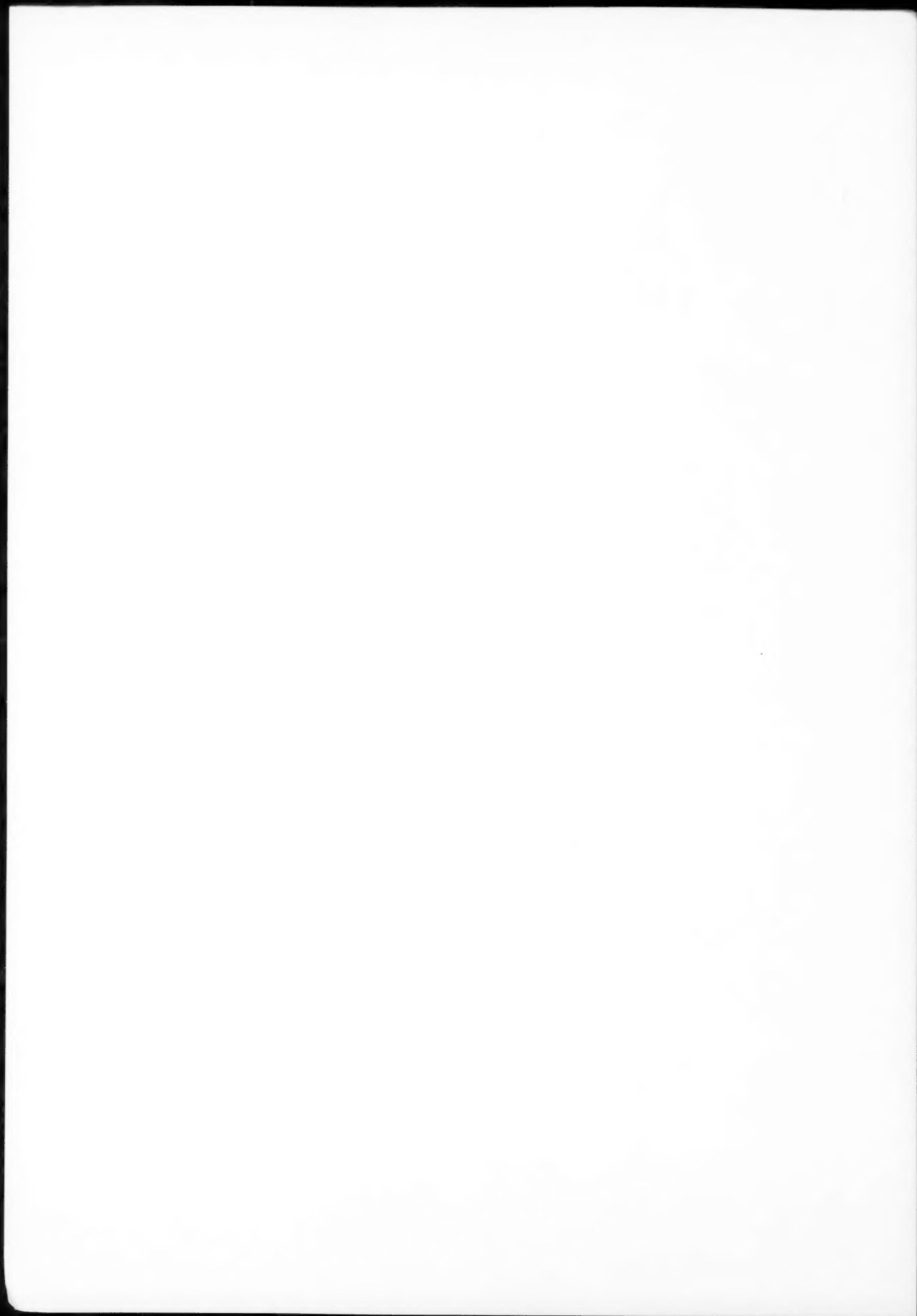
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Michigan State Medical Society  
Ninety-Fifth Annual Session  
September 25-27, 1960





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*Digest of Proceedings*

A summary of the 1960 MSMS Annual Session  
appeared in THE JOURNAL MSMS for November 1960,  
pages 1616-1620



# MSMS Ninety-Fifth Annual Session---1960

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# Michigan State Medical Society

## DIGEST OF PROCEEDINGS OF THE 1960 HOUSE OF DELEGATES

### SUNDAY EVENING SESSION

September 25, 1960

The Ninety-fifth Annual Meeting of the House of Delegates of the Michigan State Medical Society, held on September 25-27, 1960, at the Sheraton-Cadillac Hotel, Detroit, Michigan, convened at 8:00 p.m. J. J. Lightbody, M.D., Speaker of the House of Delegates, presiding.

### I. RECORD OF ATTENDANCE

	1st	2nd	3rd	4th	5th
J. J. Lightbody, M.D., Speaker	x	x	x	x	x
H. F. Falls, M.D., Vice Speaker	x	x	x	x	x
D. Bruce Wiley, M.D., Secretary	x	x	x	x	x
G. B. Saltonstall, M.D., Member-at-large	x	x	-	x	x
A. V. Wenger, M.D., Honorary Member	-	-	-	-	-

#### DELEGATES

##### ALLEGAN

Lewis F. Brown, M.D.

x x x x x

##### ALPENA-ALCONA-PRESQUE ISLE

John W. Bunting, M.D.

x x x x x

##### BARRY

Alexander B. Gwinn, M.D.

x x x - x

##### BAY-ARENAC-IOSCO

David A. Bowman, M.D.

x x x - x

Stanley A. Cosens, M.D.

x x - - x

##### BERRIEN

Noel J. Hershey, M.D.

x x x x x

Paul O. Rague, M.D.

x x x x x

##### BRANCH

Robert M. Leitch, M.D.

x x x x x

##### CALHOUN

Harvey C. Hansen, M.D.

x x x x x

Geo. T. Kelleher, M.D.

x x x x x

##### CASS

Sherman L. Loupee, M.D.

x x x x x

##### CHIPPEWA-MACKINAC

Donald D. Finlayson, M.D.

x x x x x

##### CLINTON

Franklin W. Smith, M.D.

x x x x x

##### DELTA-SCHOOLCRAFT

James R. Dehlin, M.D.

x x x x x

##### DICKINSON-IRON

Donald R. Smith, M.D.

- x x x -

##### EATON

Byron P. Brown, M.D.

x x x x x

##### GENESEE

Lawrence G. Bateman, M.D.

x x x x x

William F. Buchanan, M.D.

x x x x x

Clifford W. Colwell, M.D.

x x x x x

J. Leonidas Leach, M.D.

x x x x x

Frank D. Johnson, M.D.

x x x x x

John E. Wentworth, M.D.

x x x x -

##### GOGEBIC

not represented

##### GRAND TRAVERSE-LEELANAU-BENZIE

Frank H. Power, M.D.

x x x x x

##### GRATIOT-ISABELLA-CLARE

John M. Wood, M.D.

x x x x x

##### HILLSDALE

Arthur W. Strom, M.D.

x x x x x

##### HOUGHTON-BARAGA-KEWEENAW

Andrew M. Roche, M.D.

x x - - x

##### HURON

Charles W. Oakes, Jr., M.D.

x x x x x

##### INGHAM

Lawrence A. Drolett, M.D.

x x x x x

Herbert W. Harris, M.D.

x x x x x

Robert M. Stow, M.D.

x x x x x

Franklin L. Troost, M.D.

x x x x x

John M. Wellman, M.D.

x x x x x

##### IONIA-MONTCALM

Robert E. Rice, M.D.

x x x x x

##### JACKSON

John W. Rice, M.D.

x x x x x

Ross V. Taylor, M.D.

x x x x x

##### KALAMAZOO

W. Kaye Locklin, M.D.

x x x x x

Don Marshall, M.D.

x x x x x

Donald G. May, M.D.

x x x x x

Frederick C. Ryan, M.D.

x x x x x

##### KENT

Felix S. Affenito, Jr., M.D.

x x x x x

W. Clarence Beets, M.D.

x x x x x

Frederick C. Brace, M.D.

x x x x x

J. Russell Brink, M.D.

x x x x x

James A. Ferguson, M.D.

x x x x x

Wm. J. Fuller, M.D.

x x x x x

J. Duane Miller, M.D.

x x x x x

A. R. Vanden Berg, M.D.

x x x x x

##### LAPEER

Harry B. Zemmer, M.D.

x x x x x

##### LENAWEE

George C. Wilson, M.D.

x x - - -

and R. E. Dustin, M.D.

- - - x x

##### LIVINGSTON

Harold C. Hill, M.D.

x x x x x

##### LUCE

not represented

##### MACOMB

Daniel L. Rousseau, M.D.

x x x x x

Edward G. Siegfried, M.D.

x x x x x

##### MANISTEE

not represented

##### MARQUETTE-ALGER

E. R. Elzinga, M.D.

x x x x x

##### MASON

Herbert G. Bacon, Jr., M.D.

x x x x x

##### MECOSTA-OSCEOLA-LAKE

Paul Ivkovich, M.D.

x x x x x

##### MENOMINEE

John R. Heidenreich, M.D.

x x x x x

##### MIDLAND

Harold L. Gordon, M.D.

x x x x x

##### MONROE

Samuel N. Kelso, Jr., M.D.

x x x x x

##### MUSKEGON

DeVere R. Boyd, M.D.

x x x - x

H. Clay Tellman, M.D.

x x x x x

##### NEWAYGO

J. Paul Klein, M.D.

x x x x x

##### NORTH CENTRAL

Louis F. Hayes, M.D.

x x x x x

##### NORTHERN MICHIGAN

Gerald A. Drake, M.D.

x x x x x

##### OAKLAND

Robert M. Bookmyer, M.D.

x x x x x

Chauncey G. Burke, M.D.

x x x - x

Harold A. Furlong, M.D.

x x x x x

Merle A. Haanes, M.D.

x x x x x

Michael C. Kozonis, M.D.

x x x x x

Paul T. Lahti, M.D.

x x x x x

Arthur R. Young, M.D.

x x x x x

##### OCEANA

Willis A. Hasty, M.D.

x x x x x







### III. SPEAKER'S REMARKS

By J. J. Lightbody, M.D., Detroit

Your Speaker welcomes you to the 1960 Annual Session of the House of Delegates. This welcome is extended not only to the Delegates, Alternates and Officers of the Michigan State Medical Society, but to our many guests and members of the press, radio and television.

Two of our guests are Mrs. Harold Gay, President of the Woman's Auxiliary and Mrs. Reta Stahl, President of the Michigan State Medical Assistants Society—both of whom will be giving direct reports to you later this evening.

In addition, the Deans of both of our State Medical Schools, Dean Hubbard of the University of Michigan and Dean Scott of Wayne State University, have accepted invitations to be present at this session of the House.

This year again we will have as our guests junior and senior student representatives of our two medical schools, totaling twelve students, and each of these students have been assigned to a Reference Committee. They can feel however, that they have complete freedom of movement and may attend any of the Reference Committee meetings. These medical students will be formally introduced to the delegates at one of our meetings tomorrow.

The State of Michigan was honored this year by the election of Mrs. William Mackersie to the presidency of the Woman's Auxiliary of the American Medical Association. Mrs. Mackersie was invited to this meeting tonight to receive congratulations of this House of Delegates but because of an important previous official commitment in Seattle, Wash., she will not be able to be with us until later this week.

I wish to welcome also our friends and representatives from National Blue Shield, Dr. Donald H. Stubbs, Dr. Russell B. Carson, and John B. Castellucci, all of whom have been of such great help to us during the past year and working closely with our House of Delegates Committee.

The further remarks of the Speaker will be confined to the mechanics and functions of the House of Delegates. I hope that all members of the Michigan State Medical Society at this session will avail themselves of the opportunity to appear before the various Reference Committees tomorrow and Tuesday. Do not hesitate to make yourself known and heard on matters being considered by these committees.

This year for the first time we are trying out the use and value of a loose-leaf notebook and if you find them satisfactory the plan may be continued by subsequent Speakers.

In a letter to each delegate, alternate delegate and secretary of county medical societies from the Speaker dated August 10, you were asked to submit resolutions as soon as possible so that they could be printed and placed in your notebooks prior to the first meeting of the House.

This was to facilitate and expedite the handling and printing of these resolutions and to give the delegates more time to study them before being considered by the Reference Committees.

All of the resolutions that we have received to this date have been printed, numbered and placed in your notebooks. Each of these resolutions however, must be presented verbally to the House by a delegate, and after the reading of the resolutions, it will be referred to a Reference Committee. This means that the resolutions that have already been submitted do not have to be presented in triplicate at the time of the reading of the resolution. Any new resolutions however, which have not been submitted to this date must be submitted in the usual, traditional manner by a delegate reading the resolution and then presenting three printed copies to the Secretary, Dr. Wiley, who will then place it in the official file of the proper Reference Committee. Each Reference Com-

mittee has an official file for the resolutions and other materials that have been referred to the committee and the Chairman of each Reference Committee will be sure to obtain this file from the Secretary at the end of tomorrow morning's session following the introduction of resolutions.

I expect some degree of confusion resulting from this new method of presenting resolutions, but we will attempt to iron out the difficulties as they arise.

Please remember that any new resolution having to do with amendments to the Constitution must be laid over for one year, and that any proposed changes in the Bylaws must be considered at any subsequent meeting of the House. To amend the Constitution takes a two-thirds vote of the delegates seated and to amend the Bylaws takes only a majority vote.

In addressing the chair, use the nearest microphone and after you have been recognized by the chair, announce clearly your name and your county society name, so that the stenotypist and all delegates will know who you are.

The biographies of the three physicians who have been nominated for Michigan's Foremost Family Physician will be found in your notebooks and the delegates will choose one of these three by ballot tomorrow morning. There will be no formal reading of these biographies from the rostrum at the time of the voting, but any delegate or officer has the privilege of making a campaign speech for any one of the three nominees. Please read the biographies of these three distinguished men of medicine so that when the ballot is called, you may vote promptly.

A Press Committee has been appointed for the purpose of presenting newsworthy action of the House of Delegates to the public. Please allow the Press Committee to have this privilege; a member of the Committee will be in the press room at all times.

Your Speaker and Vice Speaker are available to the House for whatever help we may be able to give and we will attempt to conduct the meetings of the House in the forthright, efficient manner to which the delegates have been accustomed under the leadership of many previous distinguished Speakers. We will aim for courteous and proper consideration of all who wish to speak and will try to abide by the principles of recognized parliamentary procedure.

We are sure that your deliberations will result in a firm conviction that your time and labor have been well spent and that you have made a personal contribution to the health of the people of this great State of Michigan.

**THE VICE SPEAKER:** This report will be sent to the Committee on Officers Reports.

[Applause]

### IV. PRESIDENT'S REMARKS

By Milton A. Darling, M.D., Detroit

The Michigan State Medical Society is both a dynamic and a democratic organization. Its membership has doubled in twenty-five years. It publishes one of the outstanding scientific journals of its kind. Its progressive policies are duly recognized in the Councils of the American Medical Association.

At each annual session you gentlemen of the House of Delegates comprise the legislative body of the Michigan State Medical Society, translating into action the instructions of your constituents. Immediately following adjournment, your officers and the Council develop the necessary procedures to inaugurate your instructions. What organization could be more democratic?

Protocol requires the President to address the House of Delegates. For the sake of brevity he will omit reference to the multitudinous activities of your Society, important as they are, and direct your particular attention to some salient subjects which in his opinion, require the serious consideration of this body.

### Medical Education

The Michigan State Medical Society is most fortunate in having liaison and a close cooperation between our two State Medical Schools. Both Deans attend the Council meetings as advisors when problems relating to undergraduate or postgraduate medical education are considered.

Times have changed the methods of medical teaching. Today we delegate basic teaching to the universities and their colleges of medicine. While the preceptor-student relationship of our forefathers no longer exists, this does not relieve the medical profession of its responsibility, for medical training must remain closely associated with the practice of medicine. Organized medicine has maintained its partnership with the medical schools by setting up standards of ethical practice, continuing graduate education and recruitment of medical students.

And now, Mr. Speaker, and members of the House of Delegates, I beg your earnest consideration of this question of recruitment of medical students. It may come as a shock to some of you to realize that during the past ten years there has been a decrease of more than 24,000 applications for enrollment in the medical colleges of the United States and Canada; 7000 fewer students sought entrance to medical schools in 1959-1960 than in 1950-1951.

The facts are, that too frequently the best talented high school boys and girls are not seeking medicine as a vocation but are choosing other professions. Many reasons have been given for this shift, such as medicine's prolonged and costly education, the fear of socialized medicine, the sudden interest in outer space with renewed interest in chemistry and electronics. Whatever the reason, it is our job, yours and mine, to reverse this trend.

It is evident that the United States with its rapidly expanding population will require an increased number of physicians if the traditional ratio between physician and population is to be maintained. The Medical Schools of Michigan need our help. They are admitting 325 students each year. But the problem is not how many physicians our schools graduate but how many remain in practice in Michigan. Paradoxically, about one-half of Michigan's practicing physicians receive their medical training outside the state and only about half of our graduates remain in the state to practice. Why do 50% of our graduates leave Michigan to establish practice elsewhere? Are we so busy with our own problems that we fail to inculcate in our interns and residents the high professional standards we profess to set for ourselves?

Whatever the reason, it is obvious a re-evaluation is greatly needed. While we encourage the acquisition of physicians from other state medical schools we should be able to retain a larger percentage of our own alumni.

Too much emphasis cannot be put on the subject which has become such a serious matter. Recruiting of promising students for a medical career is our most urgent business. If we fail to continue to provide the public with adequate high quality medical care we have no alibi if some agency of Government attempts to do it for us.

Mr. Speaker, your President recommends that every component county society officially sponsor and actively sustain "A Teen-Age M.D. Club," with the avowed purpose of interesting more eligible qualified students to pursue the study of medicine.

### Michigan Medical Service

During the past year your President has been invited to attend Michigan Medical Service Board meetings as an observer. He is deeply impressed with the sacrifice of vital time representing thousands of man-hours, as well as the serious approach of board members endeavoring to solve the problems of Blue Shield. Michigan Medical Service is "Big Business" involving half the population of Michigan. It constantly sails into troubled waters, buffeted by currents of subscriber requests, demands of

the medical profession and restrictions imposed by the enabling act, as well as the regulations of the Michigan Insurance Department. It must move cautiously in order to maintain its course on an even keel. When policy changes are contemplated, an unbelievable amount of study and analysis is required. Legal aspects, sales resistance, rate structure and actuarial factors must be considered. Changes must be made as necessity arises, but they cannot be made instantly, upon passage of a resolution. This House of Delegates, sitting as a corporation, is strongly urged to give due consideration to this matter and thereby allow management a reasonable moratorium in instituting revisions of policy.

### Cancer

Last year the House of Delegates deleted the Cancer Committee of the Michigan State Medical Society, believing the field of cancer could be covered by the Michigan Cancer Coordinating Committee, a group formed in 1953 representing all Michigan agencies primarily interested in cancer control—including five Michigan State Medical Society representatives. However, experience has convinced the Council of the Michigan State Medical Society that the Cancer Control Committee of this Society should be reactivated to give greater strength to the over-all cancer movement in Michigan. Therefore, Mr. Speaker and Gentlemen of the House of Delegates, your President recommends the re-creation of the Cancer Control Committee of the Michigan State Medical Society.

### Finance

The question of the disposition of funds of the Michigan State Medical Society is constantly being raised. At the January annual meeting of the Council, the budget for the ensuing year is most meticulously analyzed. In addition the Finance Committee reviews the entire situation each month, thereby assuring the members of the Michigan State Medical Society that no unwarranted expense occurs. In 1959 your president-elect in his address to the House of Delegates said, "Any member of this Society is not only privileged but is urged to make inquiry about any matter of which he is in doubt."

The House of Delegates authorized the construction of a vitally needed Michigan State Medical Society headquarters building. This structure, after unavoidable delays, is nearing completion. It is imposing in appearance, utilitarian in design and conveniently located, and should prove a source of pride to every member of the Society. However, it has been built in a time of rising prices and its cost, including land and furnishings, will approximate \$724,000. Arrangements have been made for an unsecured loan of \$300,000, which will be required for completion of the building.

Two unknown factors immediately inject themselves, viz.: The added costs of taxation and maintenance. In the absence of experience, only estimates can be utilized. When the sale of our 606 Townsend Street, Lansing property is consummated, the amount should about offset the cost of the new land in East Lansing.

The special allocation of \$15 per member, per year, should amortize the loan in six years. However, by action of the House of Delegates, the allocation is not levied after 1961, leaving dues as the Society's only source of revenue after 1961. Obviously, the present rate of dues would be inadequate to meet the Society's budget requirements so it will function and at the same time amortize its indebtedness.

Your attention should be invited to providing adequate funds to meet emergencies such as the recent "crash program" to aid in defeating Forand-type legislation, which proved most effective. The avalanche of protests from the "grass roots" directed to the Halls of Congress, had a most salutary effect in stiffening resistance to pending medical legislation tied to Social Security. Both political parties have indicated they will press for additional legislation in the coming session. Consequently, we should be prepared financially to marshal our forces with renewed vigor.

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In essence, our financial picture differs little from similar organizations—except for capital expenses in the new building—in meeting rising costs and adequately compensating valued employees.

Further and more detailed information on the financial structure will be submitted to you by the Big Look Committee and the House of Delegates' Committee to Review the Financial Structure of Michigan State Medical Society.

Mr. Speaker, and Members of the House of Delegates, your President urges you, after hearing all the evidence, to give serious consideration to the problem of providing adequate financial resources for the operation of your Society, and further, that you project your thinking to cover the foreseeable future and its need for financial resources to meet emergencies and opportunities for service which will come.

Doctors of medicine should take a greater interest in elections. The two great political parties have spelled out the mechanisms whereby each hopes to gain meritorious health goals. All of us are capable of analyzing the governmental mechanisms these platforms call for and the relationship of the legislation promised to our philosophy of what constitutes the part Government should play in the health field.

We can express our will by voting for the candidates—be they running for state or national office—that espouse the political methodologies that most closely approximate our wishes. We have a duty as doctors and citizens, not only to vote, but to urge our friends to vote. For us to fail to do both of these things will be tragic, indeed.

Your President has deeply appreciated the privilege afforded him of attending both national and out-of-state meetings with the knowledge and friendships gained thereby. He has been the recipient of unstinted loyalty and cooperation from all the officers, the Council, and the various committees, whose prodigious efforts make this organization a success. To the Executive Director and his staff, the Public Relations Director and his staff, as well as the Michigan State Medical Society secretary in the Detroit office, who have so ably served your Society, he owes a deep personal debt of gratitude. And to you, the members of the Michigan State Medical Society, go his heartfelt thanks for the privilege of representing you and for your loyal assistance through this past year. It has been an experience to be remembered and cherished always.

THE SPEAKER: The President's remarks will be referred to the Reference Committee on Officers Reports.

### V. PRESIDENT-ELECT'S REMARKS

By Kenneth H. Johnson, M.D., Lansing

Just as it is a great privilege to serve as one of your presiding officers for five years, so it has been a very real privilege to be busy in similar service to Michigan medicine as President-elect during this past year. I am most grateful for the opportunity, sincerely hoping that I may have contributed something worth while to this great Society. I expect to be busier next year.

My very first wish before this House today is to pay personal tribute to a man whose quiet dignity, keen sense of humor and kindly and sage counsel have earned him the right to be called a wonderful President of the Michigan State Medical Society, Dr. Milton Darling of Wayne.

Secondly, I want to commend all of the Officers, Councilors, Chairmen and Members of Committees, the Woman's Auxiliary and the Medical Assistants Society and our industrious and most excellent office staff for untiring devotion to duty during the past year. I find words inadequate to express my feelings in this matter and will simply offer a personal "well done" to every one who has participated and suggest to this House that they all deserve your highest praise.

During the past six years I have had contacts with various individuals and groups representing labor, industry, farm interests, government, politics and politicians, Blue Shield-Blue Cross, organized medicine, hospitals, the general public, patients, students, lay health organizations, as well as with many, many physicians whom I have met in doctor's rooms and in a variety of hallways. I have listened to everyone, and have tried to sort out what was significant to Michigan medicine and the proper functioning of our profession in this state. I have watched for five years the serious businesslike way in which this House has been conducted, even when debate has been rough and tempers short. I have attended most meetings of the Council for the past five years and I know the attitude of serious contemplation which goes into its work to benefit Michigan medicine and the citizens of this state. I know, personally, of the serious devotion to their responsibilities evidenced by committees and their chairmen charged with the duty of coming up with an answer to specific problems.

I believe, however, and this belief has become more certain as time has progressed, that the profession of medicine must be totally unified behind the basic goal of its original purpose, the health and welfare of the public it serves. Any substantial threat to this unity of purpose—whether by dissidence within or by pressures from without—can lead only to one thing—weakening and dissolution of our profession. It is no longer enough that each physician take care of his "patients" and thereby believe that he has adequately fulfilled his job. We doctors may be individually loved by many of our patients, and we may be proud that to a great many people we are worthy of the position of importance we hold—but this fact cannot necessarily protect us from forces which could change us from a profession to something far less in due course of events. Only by justifying our existence as a profession, proving that we are worthy in a broad sense, can we hope to survive.

A couple of years ago, Dr. Fred Drolett who was the Michigan Foremost Family Physician, said to me, "Ken, I have witnessed the golden age of medicine, things will never be the same again." I cannot say whether Dr. Fred will be right or not, but of this I am sure, we can no longer leave the matter up to a few brilliant individuals to front for the rest of us. If we care that medicine should stand for an idealistic, esthetic, religious, practical belief that life is precious and that each person has a right to life in its fullest meaning, then we must not sacrifice this ideal through becoming involved in lesser works or lackadaisical in our concern for those we serve.

I should not wish to go into detail as to the matters which I see as either actual or potential threats to the ideal of which I speak, but should like to touch generally on several.

It is my opinion that any argument about the relative importance of a specialist over a generalist or a certain specialty over another specialty, which becomes aired in public, tends in the direction of destroying the confidence of laymen in the entire profession.

Opinions expressed by physicians which are not backed by facts leave a particularly unfortunate reaction in the minds of other physicians and laymen. We have been trained in objectivity in the treatment of illness, and the same objectivity is expected of us in dealing with other problems. There is little place for pure emotional reaction. Lack of communication has been sometimes blamed for problems in this area, but I feel that this is as often the result of failure to dig out the facts as it is due to a paucity of them.

Although it is important that we strive to settle our differences concerning the economic welfare of physicians in this state, particularly as regards Blue Shield, it would be a tragedy if we were to so exhaust ourselves that we had nothing left to carry out our basic responsibility—the health of the citizens of this state.

These are matters which I consider to be within our ability to control by our own determination as members of a dignified profession.

In addition, there are outside forces which tend to militate against our remaining a united profession. There is no question that certain political creeds, certain philosophies as presented by large and carefully integrated organizations, as well as certain so-called "authorities" who by their own admission know all the answers, have no concern whatever for the perpetuation of medicine as a profession. These elements of society see only their own ideas, their own programs, their own devices as being important without regard for the long-range effect. I believe that medicine must stand firm in opposition to these socio-economic trends which would destroy what we hold dear. I believe we should not only oppose these trends, but should also present programs which are positive in their intent and certain of their good effect.

Lest I seem to be assuming the mantle of a prophet of doom, let's look ahead to some ideas on which Michigan medicine may spend its energy and talent in good enterprise for the next few years.

We are today in East Lansing, gradually approaching completion of our new headquarters building. I believe, Mr. Speaker and members of this House of Delegates, that every doctor in Michigan will be proud of the final result. I am sure that each physician will agree that here we have a priceless architectural representation of the dignity of the profession of medicine in this state. There will be no need to seek it out on some side street, but it will stand many generations for all to see, a proud reminder that we Michigan physicians are moving forward and do not intend to maintain a condition of "status quo." But the structure itself is not enough—far more important is its functional value. It has been functionally designed, but only by using this new building to its fullest capacity may we completely consecrate its existence. This we must do.

Therefore with the dedication of our new headquarters this coming year, we are proposing a concentrated effort over the next five years to place the primary goal of our profession in the spot of pre-eminence where it belongs. We are presenting to you a plan which has been designated "The Presidents Program" which we trust will find wholehearted approval from this House of Delegates as a worthwhile project for the future. The proposal means to concentrate our energy, our mutual efforts, as doctors of medicine in this state, toward providing the citizens of Michigan five more good useful years of life by 1965—which is the year of the Society's centennial. There could be no finer birthday gift. This does not mean that we plan merely to increase life expectancy by five more years. Rather, we hope to increase our efforts in the various fields of health in which we are already engaged in order to offer every citizen a greater chance for a better, healthier span of life. It is easy to see how we may increase our efforts to improve neonatal care. It is not beyond the scope of this program to wipe out polio during this five years. We may also wish to become increasingly interested in doing a great deal more as a Society to cut down the terrible slaughter on our highways, and most certainly we intend to promote our ideas towards better health and happiness for our senior citizens.

Could there be a better program for Michigan medicine to begin this year? Your Council has enthusiastically approved it. Implementing resolutions will be presented to this House to study and we hope you adopt them. I feel that you will obtain a more detailed picture of this plan in this way than I can present in further words at this time.

In the implementation of this program, I see a golden opportunity to achieve several things. Here is a program which cannot help but allow every physician in Michigan a chance to participate, a unification of purpose. Here we have the great chance to establish our new headquarters as the functional center for this unified purpose. Here we have the chance to come into direct contact with the public through groups which we trust will assist in this idea. Many of them are already interested in the field of health in some way. Many others will be invited by Michigan State Medical Society to give leadership.

Finally, here we have a great opportunity to provide a singular achievement of improved health and happiness for this state and its citizens, worthy to celebrate when the Michigan State Medical Society proclaims 100 years of existence five years from now.

I present this idea to you with sincere expectation that this House will enthusiastically approve of it. I trust to see you all at the dedication of our new headquarters in East Lansing next June and in 1965 when we shall celebrate our centennial in Detroit where the Michigan State Medical Society was formed.

THE SPEAKER: Dr. Johnson's remarks will be referred to the Reference Committee on Officers Reports.

## VI. REPORTS OF THE COUNCIL

By H. J. Meier, M.D., Coldwater

Delegates of the Michigan State Medical Society, as Chairman of your Council, I would like to present the annual report of this body, its deliberations, actions, and in broad terms, the entire scope of activities of the Michigan State Medical Society for the fiscal year 1960.

The annual report of The Council appears in the Delegate's Handbook beginning on page 51. It has been compiled categorically in sections for clarity and simplicity. To save the time of the House of Delegates Reference Committee the Annual Reports of Committees of the Council are integrated into this Annual Report of The Council.

You have all been apprised of the activities of The Council throughout the year as printed in the Handbook, in your Councilor District meetings prior to the Annual Session, and many of you have been receiving full Council meeting minutes each month so this House should be the best informed of any to date.

I call particular attention to matters referred for action by the 1959 House of Delegates beginning on page 78, and the Recommendations of The Council, beginning on page 82.

This evening I shall just give you a synopsis of activities, an overview as it were of the MSMS during the year. Following this you will hear the Supplemental Report of The Council from July 1 to date.

The main points in the printed Annual Report of The Council that I am going to outline are these: Postgraduate medical education, medical care of the aged, and the cost of conducting your Society business. I would also like to mention the complex network of liaison among voluntary organizations and governmental agencies which directly affect you and your medical practice. In addition, we shall consider the results of the many hours all of us have spent in the past year in contributing to the solution of numerous scientific and socio-economic problems discussed during the 110 MSMS committee meetings held in 1960. Then, finally, there is the brand-new program—the Presidents Program—to place medicine in its deserved position of dynamic leadership. In the Presidents Program doctors will direct, in cooperation with all interested public groups, the promotion of health and the adding of five good useful years of life to all people of Michigan by the Centennial Anniversary of MSMS in 1965.

Now let's take up these points one at a time.

First scientific postgraduate medical education.

Two of the most widely known postgraduate refresher courses are the MSMS Annual Session and the Michigan Clinical Institute. More than 4500 M.D.'s attend these central meetings. In addition, the MSMS extramural teaching program reaches out into eleven regions of Michigan to practicing doctors in their home communities. And each month the JOURNAL of MSMS is on the desk of every member to make sure that the newest scientific advances and the latest socio-economic news are available to every M.D. in practice.

Our second point is medical care of the aged.

Other than the direction of the scientific programs, no other activity was as demanding as that of the question



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of medical care of the aged during the past nine months.

Medicine has long been accused of being against everything and never for anything. Well, this year the Michigan State Medical Society was for a workable solution to the problems of the aging. On April 3, the MSMS Workshop on Problems of the Aging was held in Kellogg Center, East Lansing, attended by representatives from Government, social welfare, hospitals, medical societies and committee members, and so forth. Out of this meeting came a ten point program—a positive program—which medicine believed and still believes is the answer to the needs of our senior citizens.

The essence of that ten point program is as follows:

- Remove compulsory retirement restrictions.
- Develop pre-retirement planning at age 45.
- Encourage work opportunities.
- Let local Governments share cost of voluntary health insurance.

- Increase cash benefits to those receiving welfare payments under Old Age Assistance.

- Include the near-needy under Old Age Assistance programs.

- Guarantee health insurance premium payments through a Federal-Deposit-Insurance-Corporation-type plan.
- Investigate the real needs of the aging through scientific study.

- Participate in the state and national aging conferences.
- Emphasize a preventive medicine program.

Positive action was taken on the 10-point program, through the MSMS Campaign for Freedom. The campaign was a strategic attack by doctors and their patients on Forand-type legislation. The strength of the attack can perhaps be measured by the fact that nearly 300,000 pamphlets called "A Question of Freedom," produced by our Public Relations Department, were distributed by doctors who were hep to the situation. Just think what we could have done if all doctors had participated, rather than just half of our membership.

You all know what finally happened, the Forand Bill was defeated and the Mills Bill was signed into law by the President. The Mills Bill, of course, followed our approach to the problem. Even though this skirmish has been won, it's only a skirmish, the big battle is upon us in this presidential election and in the next congressional session. Since the writing of this report, events have occurred that prompted The Council to further consideration of the problem.

Next, let's consider finances.

The medical profession can be a powerful force, but to make it so is an expensive proposition. The printing cost alone of the pamphlets some of us distributed against Forand was \$5800. But this is only the beginning. They had to be mailed and processed and promoted to make sure that they would be used most effectively. Now you may not think this is a major item or one that is deserving to eke this amount out of a carefully planned budget. This same sincere concern is evidenced in every financial authorization. The Michigan State Medical Society is big business and has a responsibility to the profession to act as a big business.

The business of the Society is every doctor's business and a detailed financial report for the period ending June 30 is contained in your handbook. In the second part of my presentation I will attempt to bring you up to date on the financial picture of MSMS as of this month.

Now let's consider some of the important things your Society did in the complex network of liaison among voluntary organizations and governmental agencies. To begin with, representatives of MSMS previewed the University of Michigan Study of Medical and Hospital Economics. This study, which was requested by your Society, was financed by the Kellogg Foundation at a cost of \$380,000.

Other members of the Society appeared at the Michigan Insurance Commissioner's public hearing on a proposed Blue Shield rate increase. These hearings were held in Detroit and Grand Rapids. MSMS took a positive public stand in support of the increase, and at the

same time, defended itself against charges by public critics.

In addition, your Society

- Established liaison with our three major state universities regarding future medical education needs.

- Participated in the eleven Regional Aging Conferences, the State Conference on Aging, the McNamara Hearings, and will have delegates to the 1961 White House Conference on Aging.

- Took part in the White House Conference on Children and Youth.

- Revised the Michigan Uniform Fee Schedule for Governmental Welfare Agencies, the first since 1949.

- Objected to the lack of scientific viewpoint in the Kefauver Drug hearings.

- Expressed the view that a proposal to substitute the generic names for brand names in drug prescriptions was unnecessary.

Beneficial contacts with other governmental agencies were also carried out with the Michigan Legislature and the Federal Congress, the Michigan Department of Health, the Department of Public Instruction and Vocational Rehabilitation, Department of Social Welfare and the State Board of Registration in Medicine.

Turning to the committee activities within our Society, as I've mentioned, 110 committee meetings were held. The minutes of these meetings are all mimeographed in advance and distributed to members of The Council for study before they are officially presented to the next meeting of the full Council. The recommendations of the committees represent a tremendous amount of time and study on the part of members of committees and The Council, and I'm sure this House of Delegates appreciates the interested effort contributed by these several hundred workmen. Modest annual reports of the committee activities are contained in your handbook.

As for the presidential program, Dr. Kenneth H. Johnson has already detailed its elements. It promotes the concept that five more useful years can be added to the working life of the people if medicine takes leadership and enlists the cooperation of all of the Michigan public.

### Supplemental Report

Now I would like to present to you the Supplemental Report of The Council which embodies the developments, activities and up to date account of actions since the printing of the handbook in July.

### Membership

On September 1, 1960, the membership of the Michigan State Medical Society totaled 6673 as compared with the total of 6638 at the same time last year.

### Finances

#### FINANCIAL REPORT FOR PERIOD ENDING AUGUST 31, 1960

Account	On Hand 12/1/59	Income to 9/1/60	Expenses to 9/1/60	Balance on Hand 9/1/60
General Fund .....	\$128,908.93	\$157,830.87	\$155,849.26	\$130,890.54
(\$23,125.00 to New Hdqts. Fund)				
Annual Session .....	—	26,182.53	5,600.67	20,581.86
Michigan Clinical Institute .....	—	14,215.00	14,040.32	174.68
THE JOURNAL .....	—	101,911.21	101,386.83	524.38
Public Education .....	34,651.34	33,932.16	36,061.56	52,521.94
Public Service .....	8,683.54Cr.	26,152.70	10,846.62	6,622.54
Professional Relations .....	9,134.49Cr.	36,304.29	25,308.75	1,061.05
Public Education Reserve .....	35,000.00	—	—	35,000.00
(\$15,000.00 to Campaign for Freedom)				
Rheumatic Fever Control .....	3,275.12	2,180.67	2,976.27	2,479.52
Contingent Fund .....	—	8,679.83	—	8,679.83
Building Fund .....	4,936.60	—	3,126.88	1,809.72
MSMS Headquarters Fund .....	148,313.04	91,785.75	178,680.92	61,417.87
New Hdqts. Under Construction .....	159,334.14	178,680.92	—	338,015.06
(Equity)	—	—	—	—
	\$496,601.14	\$697,855.93	\$533,878.08	\$660,578.99

## DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

It is listed in the same method as in your handbook. I would like to have you glance at the bottom of that table and refer you to the figure, the last item, which in your handbook states the balance on hand of \$721,546.78. That now stands as \$660,578.99. I would like to call to your attention that this is not actually a balance on hand. It is a tabulation of our assets, and Mr. Speaker, I would like to call on Dr. McGillicuddy, the Chairman of the Finance Committee, now, to give you in capsule form exactly what that amount of money amounts to, where it is, and what we can do about it.

### Report of Finance Chairman O. B. McGillicuddy, M.D.

As the Council Chairman stated, the current total assets on the 31st of August were \$660,578.99. I am not going to go into full explanation of our finances. This is going to be handled, and very capably by Dr. Engelke's Committee Report which is in the very front part of your folder. When this report has been given and referred to a Reference Committee, if there are any questions—and I am sure there will be—I hope there will be many questions, the Finance Chairman, the Treasurer, the Auditor and Dr. Engelke and his committee or some of them, at least, will be present to answer any and all questions.

Tonight, to save time, I merely want to point out to you where this money is, this \$660,000.00 I have about eight items here.

If you want to take a pencil out and write them down, I will give you the round figures so that you can be contemplating because I think they will help you to understand Dr. Engelke's report.

\$34,500-plus dollars are in the checking, savings and petty cash.

We carry the building at 606 Townsend, the old headquarters, on our books at \$48,000. We are trying to sell it for \$65,000, but to date we haven't had any takers, so the figure \$48,000 is carried on our books as its value.

We have invested and paid at this moment, in the new headquarters, including the land and that part of the building which is finished, \$404,000.

We have in accounts receivable \$16,000-plus. We had in bonds as of August 31, \$156,566.00. I might explain at this moment that we are maintaining a reserve in the general fund for emergencies of \$50,000 which is part of these bonds. We also set up in the public relations account another \$50,000 which is another \$50,000 which is part of these bonds. Of that amount the public relations people have sent \$11,000 on the Campaign for Freedom and are contemplating spending more, so that is the bond situation.

Then we have due from the employees on the employee pension and trust fund—this is a figure which will be paid back to us by the end of the year, \$1600.00. These added together give you the figure of our net worth of \$660,000-plus.

It is perfectly obvious—we haven't the cash as yet for the building. We hope to have it soon from the older building at 606 Townsend. That \$404,000 we have in the new building is not available cash. A large part of the bonds are being maintained in a reserve which we feel is necessary, so this brings you down to a realistic figure of how much available cash we have on hand.

As I said, any questions will be answered at the Reference Committee. I want to take this opportunity to congratulate Dr. Engelke and his committee on a wonderful job well done.

If you will take the time to read their report, you will agree with me. I haven't had a chance to speak to him since I received this report. I want to take this opportunity to make one correction. On Page 20 of his report he states the following:

"Dr. McGillicuddy and the committee discussed the current financial situation of the Michigan State Medical Society and advised the committee members of his

philosophy and the need for economy and necessary borrowing in 1960 to complete the new MSMS headquarters building now under construction"

This is correct, and I agree with it, but then he goes on to say:

"and to finance the anticipated deficit in the general Society's operations for the current year and future years."

And this is not part of my philosophy as I have stated to The Council over and over again. I do not feel that we can ask any lending institution to lend us money to run our Society, so that any deficits that we have this year or next will be handled so far as possible, I assure you, out of our own reserves.

### REPORTS OF THE COUNCIL (Continued)

H. J. MEIER, M.D.: Now as to Michigan Medical Service.

An up to date report of this corporation, including finances will be presented to you at the meeting of the Michigan Medical Service Membership on Tuesday, September 27, 1960, at 2:00 p.m., in the English Room of the Sheraton-Cadillac Hotel, Detroit. All MSMS delegates are members of Michigan Medical Service Corporation and are expected and urged to attend this important annual meeting, which will be preceded at 12:30 p.m., by a reception and luncheon with the compliments of Michigan Medical Service.

### Michigan's Foremost Family Physician of 1960

Selection of one of our Michigan general practitioners as nominee for the AMA Gold Medal Award is the privilege of the MSMS House of Delegates. According to established procedure, the field of nominees has been narrowed by The Council to three, from which the House of Delegates elects one. The three nominees are:

1. Colin D. Munro, M.D., Jackson
2. George P. Raynale, M.D., Birmingham
3. Edwin L. Thirlby, M.D., Traverse City

### MSMS Group Insurance Programs

#### a) Group Life Plan.

The supplemental report to August 30, 1960, supplied by the carrier—Mutual Benefit Life Insurance Co., of New Jersey—indicates that the total of subscribers is 1470—an increase of 320 in one year—with \$13,033,500 volume of insurance in force. Twenty-two death claims amounting to \$127,500 have been paid. Conversions to permanent insurance have been made on twenty-one lives in the amount of \$68,500.

#### b) Group Health and Accident Plan.

The report to September 1, 1960, supplied by the carrier—Provident Life and Accident Insurance Co., of Chattanooga, Tenn.—is as follows:

Currently there are 2073 members insured. During the past year 530 payments were made to 231 members. In other words, more than 10% of those insured received a payment under the group plan during the last twelve months. The payments come out to average of about \$45.00 each month.

At present there are thirty open claims upon which periodic payments are being made because of continuing disability. The average thus far for each of these cases is in excess of \$2200.00.

Each claim payment made since November 15, 1959, has been increased by 10% over the amount called for in the policy contract because of the claim bonus. Due to our increased participation and the excellent co-operation of the Michigan State Medical Society, Provident looks forward to the continuance of the claim bonus for the coming policy year beginning November 15, 1960.

### New Headquarters Building of Michigan State Medical Society

Two labor strikes—the steel and the ironworkers—held up construction on our building. However, since

No. 1-A, JMSMS

the middle of June, rapid progress is being made by the contractors and the building is taking shape and should be ready for occupancy shortly after the first of the year. The new MSMS building of 20,000 square feet will be dignified, imposing, and a modern structure of which every MSMS member will be truly proud. Besides, it will be extremely functional in operation. The Big Look Committee wishes to present up to date details on the new building in its supplemental report. I, therefore, respectfully request, Mr. Speaker, and Members of the House of Delegates, that you grant Dr. K. H. Johnson, a member of this committee a few minutes to give you a current summary on your new building in East Lansing.

### Supplemental Annual Report of Big Look Committee 1959-1960

K. H. JOHNSON, M.D.: Mr. Chairman, Mr. Speaker, I am filling in for Chairman W. S. Jones, M.D., of Menominee who is unable to be here tonight.

1. Your committee wishes to report that after two general work stoppages—steel strike and ironworkers strike—which delayed building progress for several months, the contractors are now busy at work on the new MSMS headquarters building in East Lansing. The present progress would indicate that the building will be ready for occupancy in February. Official dedication of the building is scheduled for June 1961.

Last year your Committee on Big Look reported that the building would cost \$602,295.87 exclusive of land and furnishings. This figure, approved by the 1959 House of Delegates has stood up, despite a small percentage representing necessary change orders.

The land—three acres—was purchased for \$65,146.00—a reasonable price in view of its unusually excellent location.

The furnishings, being coordinated under the supervision of Architect M. Yamasaki and Associates, are estimated not to exceed The Council-approved budget of \$64,144.00, but this total is reduced to about \$57,000.00 net through private gifts—such as from the Past Presidents, the Woman's Auxiliary, Bruce Publishing Company.

The total estimated cost of the building, therefore, will be \$724,441.87. This represents our committee's 1959 estimate of \$602,295.87 plus costs of the furnishings and the land.

Since the net cost of the building is \$549,771.18 it should be invited to your attention that we are erecting this edifice of great permanence for the reasonable square foot price of \$27.48. This is not out of line with other buildings such as the new State Bar Building in Lansing. Your committee feels that this building obviates any necessity for any addition for years to come.

2. The MSMS property at 606 Townsend is being listed by forty Lansing realtors, and the sales price is offered at \$65,000.00. This price is expected to offset the cost of the new land in East Lansing.

All facets of the work of the Big Look Committee have been officially approved by the House of Delegates, except the matter of furnishings. Therefore, the Committee on Big Look requests approval of the cost of furnishing the new building so that when the contractors complete their work in November or December, the decorators may immediately proceed with finishing the job so the building may be utilized beginning February 1961.

Your Committee on Big Look appreciates the confidence that has been placed in it in connection with erecting the new MSMS headquarters building. It has been a tremendous task, filled with day-to-day problems, with an extra burden of work on The Council and executive staff. The Chairman of the Big Look Committee wishes to express his thanks to all, especially the members of his own Big Look Committee for devotion to this big task, far beyond the call of duty.

Respectfully submitted,  
W. S. JONES, M.D., *Chairman*  
MILTON A. DARLING, M.D.  
W. A. HYLAND, M.D.  
K. H. JOHNSON, M.D.  
O. B. MCGILLICUDDY, M.D.  
G. B. SALTONSTALL, M.D.

### REPORTS OF THE COUNCIL (Continued) Councilor Changes

H. J. MEIER, M.D.:

a) C. N. Hoyt, M.D., Councilor of the 7th District, resigned effective September 25 in order to take up postgraduate work in Detroit. The Council placed on its minutes a vote of high thanks to Dr. Hoyt for his service to the Society.

b) B. T. Montgomery, M.D., Councilor of the 12th District, also resigned as of September 25 due to the pressure of his other activities. Dr. Montgomery brilliantly served many years in various posts of the Michigan State Medical Society and as Councilor.

c) D. G. Pike, M.D., also resigned as of today, September 25, to take postgraduate work in Washington, D. C., in otolaryngology.

The counsel and the friendship of all of these men will be seriously missed.

### Additional Annual Reports of Committees of The Council

Before we present additional reports of committees of The Council, we beg leave of the House of Delegates to give J. W. Rice, M.D., Chairman of the Medical Care Insurance Committee, the opportunity to present the Supplemental Annual Report of his committee. This group recently held most important conferences with labor, management and specialty groups and we feel a report on these meetings should be presented to the delegates as a separate item of business. Mr. Speaker and Members of the House of Delegates, I hope that you will grant Dr. Rice the floor, to inform on the recent transactions of his committee.

### Supplemental Annual Report of the MSMS Medical Care Insurance Committee By J. W. Rice, M.D.

This report covers:

- I. The proposed \$6500 contract
- II. Its effect upon
  - A. Subscribers
  - B. Employers
  - C. Physicians

#### III. Committee recommendations

One year ago the House of Delegates of the Michigan State Medical Society passed resolutions that:

1. The basis for service contracts be determined on total family income.

2. As soon as feasible, the maximum total family income for service contracts be established at \$6500.00

3. The present status of service contracts including the sale of existing contracts be continued until such time as these changes are satisfactorily implemented.

4. The Board of Directors of Michigan Medical Service be informed of these changes in policy and be requested to proceed with their implementation forthwith.

In the past year, the Michigan Medical Service enrollment committee and staff have prepared a basic \$6500 family income contract to comply with the 1959 House of Delegates resolutions. The basic coverage is:

1. Surgery in the hospital
2. Obstetrics
3. Anesthesia
4. In-hospital medical care for 30 days
5. Emergency first aid

In addition other services which are not in M-75 would be available by optional riders.

# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

These other services outside of the basic contract would be:

1. In-hospital medical care for 70, 120, 365 days
2. Radiological diagnostic services
3. Radiological therapeutic services
4. Diagnostic services such as EKG, EEG, laboratory tests in office of physician or as outpatient in hospital
5. Consultation services
6. Technical surgical assistance

The \$6500 contract is intended to be flexible and to give the consumer a wide range of choice in selection of a prepayment insurance package. Fees to physicians under this \$6500 contract will have to be reduced some 15% from the M-75 schedule for all plans because of the change from certified single subscriber income determination to a family income determination. In addition, plans C and D will be reduced another 4% because the service ceiling is dropped from \$7500 to \$6500, therefore reducing the benefits.

To summarize, the \$6500 family income contract will present:

1. A complex arrangement of basic contract plus riders, which would give the consumers many choices, but would be bewildering to the average individual.
2. The physician giving the service now would have the job of determining the family income. He must require the patient to certify his total family income and then compare this stated family income with the contract in his possession. In those cases where the total family income is above the contract ceiling, i.e., \$2500, \$5000 or \$6500 the physician may make an additional charge.
3. The fee schedule will be reduced about 15 to 19 per cent. This the physician must accept, unless he can demonstrate that the patient's family income is above the limits of the contract in his possession; he can then make an additional charge.

In considering the proposed change in M-75 to a \$6500 family income contract, the committee asks that you examine with us the effect upon:

1. The 3.5 million Michigan residents dependent upon Blue Shield for medical and economic security.
2. The employer, who directly or indirectly foots the bill.
3. The doctors of Michigan who supply the service.

A. The Effect upon the Subscribers:  
First, let us deal with the three and one-half million people dependent in Michigan on Blue Shield for medical care:

To determine the possible reception to the change, the Medical Care Insurance Committee held conferences with officials of the Detroit Public Schools, General Motors Corporation, UAW-CIO, City of Detroit, and the Ford Motor Company. Detailed summaries of the committee conferences with each of these consumer groups have been presented to the MSMS Council. The MCIC also recommends that copies be made available to all members of the 1960 House of Delegates.

Gentlemen, there is a lot of detailed information in those reports that we boiled down in a supplemental report. The supplemental report contains only a small fraction of what is in the reports outside. I would advise you all to read them carefully because we have information in there that is pertinent to the problem.

Questions raised with each group included: Do your employees like M-75? Do you have many complaints against M-75? Do you like the comprehensive package or would you prefer riders? How will the employees react to a change in income determination for service coverage? How will they react to change in income ceiling from \$7500 to \$6500?

Let us briefly tell you how each of the groups answered such questions:

City of Detroit, with 14,500 employees covered:

Please make the contract as simple as possible. We don't want complicated contracts for our workers. The family income arrangement would be difficult for us to explain and for the workers to understand. They like to present their income certified card and not have to pay extra. The city workers like M-75. We have few complaints.

Ford Motor Company, with 80,000 hourly workers and salaried employees covered:

It would be a grave mistake to abandon M-75. Ford likes M-75 and so do the workers. Ford's main concern is to provide service benefits to serve substantially all 50,000 hourly workers. To place riders on a basic program would cause both administrative and enrollment problems. At present, Ford seeks to support a "standard" package plan. It would be a question if Ford would want to make all the different options available. The offering of many alternatives seems an unduly complex way of providing service benefits. If Ford has to go to an indemnity program, then we would look for the best possible indemnity plan—which might be adverse to doctors in general.

Detroit Public Schools, with 5500 covered by Blue Shield:

The employees would regret very much a shift from M-75 to M-65. Family income as the determination for service would be difficult to understand. It would be difficult for the subscribers to understand why the "ground rules" need to be changed. There would be many complaints. It has taken many years to build up interest among the teachers in health insurance. But now it would be hard to take away coverage.

General Motors Corporation with 211,000 Michigan workers covered:

The cutback in employee protection from M-75 to M-65 with no more justification than has been demonstrated thus far, would be difficult to accept. An estimated 10% of the GM workers would be affected if the top ceiling for service benefits dropped from \$7500 to \$6500. It looks like the doctors are willing to take a lower fee under M-65 in nine out of ten cases in order to have the right to charge a higher fee to one out of every ten. Very likely there would be complaints

## Unit Values for M-75

	(to \$2,500)				(\$2,500-\$5,000)				(\$5,000-\$7,500)						
Surgery & Anesthesia .....	\$3.00	up	21%	over old	\$2,500	\$3.75	up	12.5%	over old	\$5,000	\$4.50	up	35%	over old	\$5,000
Medicine .....	4.00	up	15%	over old	\$2,500	5.00	up	11.7%	over old	\$5,000	6.00	up	34%	over old	\$5,000
X-Ray .....	5.00*					5.00*					5.00*				
Pathology .....	5.00**					5.00**					5.00**				

\*an increase of 24% for X-Ray over old \$2,500 and \$5,000.

\*\*not increased, because Pathology is used for first time in M-75 contracts.

## Unit Values for \$6,500 Family-Income Contract

Surgery & Anesthesia	\$2.60 (15% cut)	\$3.25 (15% cut)	\$3.65 (19% cut)
Medicine	3.45 (15% cut)	4.35 (15% cut)	4.85 (19% cut)
X-Ray	4.35 (15% cut)	4.35 (15% cut)	4.35 (15% cut)
Pathology	4.35 (15% cut)	4.35 (15% cut)	4.35 (15% cut)

(These are unit values approximately 15-19% below M-75)



from employees under M-65 about added-on charges by the doctors. It is likely, there would be fewer doctors participating. MMS, which is the doctor's plan should not offer a multiplicity of riders. The doctors are really the only ones competent to advise MMS and the public about which specific medical service should have priority for inclusion in the Blue Shield package. The employees are apt to suffer from lack of essential protection through poor choice of riders, if they must make the decisions.

#### UAW-CIO:

Unions have been skeptical about MMS and they took a big risk in endorsing M-75, but M-75 was progress. The M-75 plan is now "standard" for all UAW-CIO contract negotiations across the nation. Riders show a fundamental weakness. Why can't doctors decide on basic necessary protection, rather than offer all these riders? One of the best features about M-75 is the income certified arrangement. The trend is toward greater service and no income ceilings. Union people want comprehensive coverage. Ultimately we must move toward broader coverage. Unions will vigorously oppose any change—a situation with only M-65 would be intolerable.

The committee would like to point out that almost half of the people of Michigan look to Blue Shield for their medical security. In this way Blue Shield has become a public trust. The conversion to M-75 has only been completed this year, and this forced conversion from the old \$2500 and \$5000 contracts was bitterly resented by some subscribers. Now to again arbitrarily change the program could cause a public reaction that could be fatal to Blue Shield and to the private practice of medicine as we know it.

#### B. The Effect upon the Employer:

Next, let us deal briefly with the employer, who directly or indirectly foots the bill so his workers can have Blue Shield protection. We asked many questions during our conferences to learn what the reaction of the employers would be to a new \$6500 contract.

General Motors now pays \$39 million a year to provide hospital-medical coverage for its workers. This figure grows to \$78 million when you include the half paid by the workers. When GM took on M-75, in 1958, the costs in Michigan of medical care coverage for their workers went up 48%, and now with the new MMS rate increase, the costs will be 65% higher than in 1958. General Motors has accepted these higher costs in the interest of making available the broader protection that employees need. Besides these direct costs, GM has been willing to absorb the added expense of certifying annually to Blue Shield the income classifications of its 211,000 enrolled employees. General Motors indicated that the 1961 labor agreement must make specific provisions no less favorable than M-75 which is standard in the 1958 GM agreements.

Ford pointed out that Michigan is a key state in the Ford operation and the company would be committed to offer any substitute plan nearest M-75 if M-75 were not available. Ford reports that about 20% of its workers would not be covered now by a \$6500 ceiling and within three years, two-thirds would not be covered if the present rate of wage increases continue. This would make a \$6500 service ceiling almost impossible for Ford to adopt. [I hope you all got that one.]

The city of Detroit reported that a proposal of the John Marshall Company is being investigated because that firm claims it can provide the same services as Blue Shield at a better price.

The Detroit Board of Education reported that 5600 school employees are enrolled with Provident for their health protection. About the same number 5500 are covered by Blue Shield. The school representative pointed out that "I suspect there would be many complaints if MMS changed from \$7500 to \$6500." He added, "Whereas Blue Shield has promised and has delivered service now up to \$7500, it would under the change

provide service only up to \$6500, while those covered by Provident insurance would continue to get the same amount of money as they always have." Beginning this fall, the Detroit Public School System will pay 100% of the cost for employees for Blue Shield whereas in the past they have paid 50%.

#### C. Effect upon the Doctors of Michigan:

Now let us consider the effect change from M-75 to M-65 would have upon the members of the Michigan State Medical Society who have been supplying the services for the Blue Shield contracts. The M-75 contracts have been in effect for two years. A new high level of fees for all medical service has been established by this contract in the State of Michigan. It is difficult to imagine any voluntary retreat by the medical profession from the present level of fees that has been accepted by the consumers.

To arrive at the fee schedule for the \$6500 family income contract, the unit values of M-75 are reduced as shown in the accompanying chart. Blue Shield fees are determined by multiplying these unit values by the relative values assigned the different procedures. Michigan is now using a modification of the California Relative Value Scale. It should be pointed out that the Michigan State Medical Society is now in the process of developing our own relative value scale.

The reactions of professional groups within the Michigan State Medical Society were heard at a special meeting of the Medical Care Insurance Committee September 10, 1960. Members of the Relative Value Study Committee also were present. Expressing their views were:

Michigan Pathological Society  
Detroit Roentgen Ray and Radium Society—which represents the Roentgenologists in Michigan.  
Michigan Society of Internal Medicine  
Michigan Society of Anesthesiologists  
American College of Surgeons, Michigan Chapter

Following are short summaries of the comments made by the spokesmen from these organizations: Most of their spokesmen were their presidents.

Michigan Pathological Society: Opposed to any reduction in unit values because pathology fees generally have not been raised since 1953. Traditionally, pathology has never had a sliding scale of fees according to different income scales and has no chance to pick up any lost income. There should not be a reduction in unit values for any medical service. M-75 fee schedule is adequate and M-75 has proven to be satisfactory.

Detroit Roentgen Ray and Radium Society: Any cut in unit values and fees under M-65 would result in a drastic loss for radiologists because they have one fee for all income groups and any loss would not be recoverable. The M-75 fee schedule is satisfactory now. Let's keep M-75 and correct any inequalities.

Michigan Society of Internal Medicine: Internal medicine is in a peculiar position—M-75 is not acceptable because the fee schedule does not recognize the degree of difficulty in the care of complicated cases, and if the same schedule is proposed for M-65, the Society will oppose it in principle. The Society supports the views of the Pathologists and Radiologists.

Michigan Society of Anesthesiologists: It is bad enough to have to work for M-75 fees. It would be ridiculous to take the 1950 \$5000 contract fees which are proposed under M-65. We would be in a much better position to work to correct M-75 inequalities rather than go to M-65 and then try to correct them. Anesthesiologists will not stand by the M-65 fees—less than 50% participate now—and M-65 would become an indemnity contract.

American College of Surgeons, Michigan Chapter: If you change to M-65 a large number of surgeons would not participate. In reality, it is almost impossible for surgeons to make up the reductions in fees resulting from the proposed reduction in unit values. It would not be fair to surgery or any other part of the profes-

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sion to consider a drop in income when we are faced with inflation and increased costs. Do not feel M-65 should be adopted.

Further study of a proposed fee schedule for the \$6500 contract, taking procedures which make up about 30% of the total Blue Shield business, produces these results:

Comparison of Surgical Allowances  
M-65 vs. M-75 and old \$5,000 and \$2,500 Contracts

Surgical Procedure	Plan C		\$5,000 Contract		M-65 Plan C As % of	
	M-75	M-65	M-75	M-65	M-75	M-65
Appendectomy	\$157.50	\$127.75	\$125.00	81%	102%	
Gallbladder removal	247.50	200.75	175.00	81	115	
Hemorrhoidectomy,						
Internal	90.00	73.00	75.00	81	97	
External	22.50	18.25	30.00	81	61	
Herniotomy, single	135.00	109.50	100.00	81	110	
Normal delivery	90.00	73.00	70.00	81	104	
Tonsil and adenoid	67.50	54.75	42.50	81	129	
Weighted average	\$ 95.72	\$ 77.64	\$ 71.24	81%	109%	

Surgical Procedure	Plan B		\$5,000 Contract		M-65 Plan B As % of	
	M-75	M-65	M-75	M-65	M-75	M-65
Appendectomy	\$131.25	\$113.75	\$125.00	87%	91%	
Gallbladder removal	206.25	178.75	175.00	87	102	
Hemorrhoidectomy,						
Internal	75.00	65.00	75.00	87	87	
External	18.75	16.25	30.00	87	54	
Herniotomy, single	112.50	97.50	100.00	87	98	
Normal delivery	75.00	65.00	70.00	87	93	
Tonsil and adenoid	56.25	46.75	42.50	87	115	
Weighted average	\$ 79.76	\$ 69.13	\$ 71.24	87%	97%	

	Plan A		\$2,500 Contract		M-65 Plan A As % of	
	M-75	M-65	M-75	M-65	M-75	M-65
Appendectomy	\$105.00	\$ 91.00	\$100.00	87%	91%	
Gallbladder removal	165.00	143.00	140.00	87	102	
Hemorrhoidectomy,						
Internal	60.00	52.00	50.00	87	104	
External	15.00	13.00	25.00	87	52	
Herniotomy, single	90.00	78.00	75.00	87	104	
Normal delivery	60.00	52.00	50.00	87	104	
Tonsil and adenoid	45.00	39.00	30.00	87	130	
Weighted average	\$ 63.81	\$ 55.30	\$ 52.53	87%	105%	

After study of the \$6500 family income contract, and after consideration of the many reactions from within the Michigan State Medical Society as well as from without, the Medical Care Insurance Committee recommends:

1. The M-75 contract be continued in its present form, with changes to be made as necessary, first on the basis of actuarial studies and second on the development of the Michigan Relative Value Study.

2. That further study be made of a basic contract with a low income ceiling.

3. That Blue Shield subscribers be educated as to the high costs of utilization and how they are individually affected by these increased costs.

4. That meetings be continued with top level business and industrial leaders, and with top level consumer representatives to seek their views on Blue Shield benefits and to stay abreast of their attitudes towards organized medicine in Michigan.

## Total "Family" Annual Income Certificate versus M-75 "Subscriber Only" Income Certificate

SURGICAL PROCEDURES	UNIT VALUES USED	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
		Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,500	"A"	"B"	"C" & "D"
		\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
Code DESCRIPTION	Rel. Value						
0171 Biopsy of skin or subcutaneous tissue	2.0	\$ 5.20	\$ 6.50	\$ 7.30	\$ 6.00	\$ 7.50	\$ 9.00
0457 Complete (simple) mastectomy, unilateral	30.0	78.00	97.50	109.50	90.00	112.50	135.00
0470 Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes	60.0	156.00	195.00	219.00	180.00	225.00	270.00
0807 Distal end, Colles' (including ulnar styloid) simple, closed reduction	15.0	39.00	48.75	54.75	45.00	56.25	67.50
2563 Ligation and division and complete stripping of long and short saphenous veins, unilateral	35.0	91.00	113.75	127.75	105.00	131.25	157.50
2992 Tonsillectomy, with or without adenoidectomy	15.0	39.00	48.75	54.75	45.00	56.25	67.50
3115 Subtotal gastrectomy	70.0	182.00	227.50	255.50	210.00	262.50	315.00
3261 Appendectomy (independent procedure)	35.0	91.00	113.75	127.75	105.00	131.25	157.50
3380 Hemorrhoidectomy, internal plus external	25.0	65.00	81.25	91.25	75.00	93.75	112.50
3515 Cholecystectomy	55.0	143.00	178.75	200.75	165.00	206.25	247.50
3821 Nephrectomy, with or without ureterectomy	70.0	182.00	227.50	255.50	210.00	262.50	315.00
4646 Dilation and curettage of uterus (independent procedure)	10.0	26.00	32.50	36.50	30.00	37.50	45.00
5021 Laminectomy	80.0	208.00	260.00	292.00	240.00	300.00	360.00
5611 Extraction of lens, intracapsular or extracapsular, unilateral	70.0	182.00	227.50	255.50	210.00	262.50	315.00
4801 Cesarean Section, classic	50.0	130.00	162.50	182.50	150.00	187.50	225.00
4802 Low cervical (lower urine segment)	50.0	150.00	162.50	182.50	150.00	187.50	225.00
4821 Obstetrical procedures: Obstetrical delivery	20.0	52.00	65.00	73.00	60.00	75.00	90.00

## MEDICAL CARE

	UNIT VALUES USED	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
		Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,500	"A"	"B"	"C" & "D"
		\$3.45	\$4.35	\$4.85	\$4.00	\$5.00	\$6.00
<u>DURATION</u>							
1 Day		\$ 8.63	\$ 10.88	\$ 12.13	\$ 10.00	\$ 12.50	\$ 15.00
5 Days		22.43	28.28	31.53	26.00	32.50	39.00
10 Days		39.68	50.03	58.78	46.00	57.50	69.00
20 Days		74.18	93.53	104.28	86.00	107.50	129.00
30 Days		101.78	128.33	143.08	118.00	147.50	177.00

Hospital Days	Relative Value
1st day	2.5
2nd through 20th day	1.0
21st through 120th day	.8

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			TOTAL "FAMILY" ANNUAL INCOME	M-75 "SUBSCRIBER ONLY" INCOME
			BENEFITS IDENTICAL ALL CONTRACTS	BENEFITS IDENTICAL ALL CONTRACTS
RADIOLOGICAL DIAGNOSTIC SERVICES				
UNIT VALUES USED			\$4.35	\$5.00
Procedure Code	DESCRIPTION	Relative Value		
7101	Chest with multiple views.....	3.0	\$13.05	\$15.00
7210	Spine, lumbosacral.....	3.5	15.23	17.50
7358	Upper gastro-intestinal series.....	5.0	21.75	25.00
7364	Cholecystography.....	4.0	17.40	20.00

## RADIOLOGICAL THERAPEUTIC SERVICES

PROVEN MALIGNANCY OR TUMORS							
Super Voltage Fees are 125% of Deep			DEEP	SUPER VOLTAGE	DEEP	SUPER VOLTAGE	
7573	Cervix, radium insertion.....	25.0	\$106.75	\$135.94	\$125.00		
7592	Postoperative.....	35.0	152.25	190.31	175.00		\$218.75
7612	Hodgkins, maximum per annum.....	80.0	348.00	435.00	400.00		500.00
	minimum per treatment.....	2.0	8.70	10.88	10.00		12.50

## PATHOLOGICAL EXAMINATIONS

			TOTAL "FAMILY" ANNUAL INCOME	M-75 "SUBSCRIBER ONLY" INCOME
			BENEFITS IDENTICAL ALL CONTRACTS	BENEFITS IDENTICAL ALL CONTRACTS
UNIT VALUES USED			\$4.35	\$5.00
Procedure Code	DESCRIPTION	Relative Value		
8620	Blood, red cell count.....	0.4	\$ 1.74	\$ 2.00
3681	Hematocrit.....	0.5	2.18	2.50
8726	Sugar.....	0.8	3.48	4.00
8950	Electroencephalogram.....	5.0	21.75	25.00
8957	Electrocardiogram, with inter- pretation and report.....	3.0	13.05	15.00

## CONSULTATION SERVICES

			TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,500	"A"	"B"	"C" & "D"
UNIT VALUES USED			\$3.45	\$4.35	\$4.85	\$4.00	\$5.00	\$6.00
Procedure Code	DESCRIPTION	Relative Value						
026	Consultation for a given system not re- quiring complete examination—in patient.....	2.0	\$ 6.90	\$ 8.70	\$ 9.70	\$ 8.00	\$10.00	\$12.00
027	Consultation requiring complete examination—in patient.....	4.2	14.49	18.27	20.37	16.80	21.00	25.20

## TECHNICAL SURGICAL ASSISTANTS

UNIT VALUES USED			\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
194	A fee for assistant, when eligible, to be placed at level of 15% of sur- gical fee, subject however, to mini- mum payments as follows:.....	6.0	\$15.60	\$19.50	\$21.90	\$18.00	\$22.50	\$27.00

## ANNUAL REPORTS OF THE COUNCIL

(Continued)

### 33. Supplemental Annual Report of Committee on Study of Insurance Problems for MSMS Members

On August 17 the committee met to consider four questions raised by MSMS members regarding the MSMS Group Life and Health and Accident program. These matters were resolved and answers directed to the correspondents.

Also the committee prepared a reply to the American Medical Association at the request of The Council, to the effect that the committee believes that the study and/or development of group annuity and disability insurance programs are a proper area of activity of the AMA, although MSMS would prefer to reserve the right to inaugurate a state program, if this should prove desirable, and not commit itself to any national plan that may be offered by the American Medical Association.

After reviewing expert opinion as to the feasibility and desirability of offering a major medical coverage to MSMS members, the committee approved in principle this idea and agreed to begin study of various plans for recommendation to The Council. At future meetings specific plan outlines will be reviewed.

### 34. Committee on Awards

The Awards Committee took action toward the establishment of the Gold Medal Award, determined that Dr. Wilfrid Haughey's long and valuable service to MSMS and its Journal be recognized by dedication to him an early number of the Journal, MSMS, and approved in principle a system of awards to the employees—a recommendation on this subject follows.

At the MSMS Awards Banquet on January 30, 1960, in Detroit, the following national medical leaders from Michigan who have performed outstanding service to their profession were honored: Reed M. Nesbit, M.D., Ann Arbor, President of American Association of Genito-Urinary Surgeons; H. Marvin Pollard, M.D., Ann Arbor, President of American Gastroenterological Association; Milton L. Sorock, M.D., President of the Johnston Surgical Society; Archer A. Clayton, M.D., Saginaw, chosen Michigan Foremost Family Physician of 1959 by the House of Delegates and nominated by MSMS for the American Medical Association's 1959 General Practitioner Award.

In addition, the following individuals were cited for various contributions to health and medicine, or the public understanding thereof: Miss Ella K. Longley, Ludington; Muskegon *Chronicle*, Muskegon; Mr. C. S. Mott for his many contributions, Flint; and the following radio stations: WAGN, Menominee; WBCK, Battle Creek; WBRN, Big Rapids; WDET, Detroit; WELL, Battle Creek; WLDN, Detroit; WMDN, Midland; WOAP, Owosso, and WWBC, Bay City.

### 35. MSMS Representatives to Michigan Cancer Coordinating Committee

During the past Society year—from September 30, 1959, to September 24, 1960—the Michigan Cancer Coordinating Committee held three meetings; on February 4, June 30, and September 8, 1960.

1. The chief organizational change during the year was the acceptance on June 30 of the reconstituted Southeastern Michigan Division of the American Cancer Society and of the Michigan Cancer Foundation as new organization members of the Michigan Cancer Coordinating Committee.

Representation of several organization members also were amended as follows:

The membership of the Michigan Division of the American Cancer Society was raised from three to four persons—including two professional and two laymen—the Southeastern Michigan Division of the American Cancer Society was given two members—one professional and one layman—the Michigan Cancer Founda-

tion also was given two representatives—one professional and one layman.

All the other organizations' members continue with the same representation as in the past, i.e., four members plus one alternate for the Michigan State Medical Society; one each for the Michigan Department of Health, the Michigan Health Officers Association, and the Michigan State Dental Association.

2. Progress of the Central State-wide Cancer Registry was slowed pending the above changes and the holding of a meeting on September 8 of representatives of the seven organization members with board members of the Michigan Cancer Registry.

Revisions of the bylaws of the Michigan Cancer Registry are being studied prior to final decision on the creation of a Central Cancer Registry; members of the Michigan Cancer Coordinating Committee favor Wayne State University College of Medicine for the site of the registry.

3. The work of the Cancer Quackery Subcommittee under the able chairmanship of B. E. Luck, D.D.S., has been vigorous, imaginative, and productive. Photographs of the Cancer Quackery Exhibit have been sent to all its divisions by the American Cancer Society as part of its educational effort throughout the United States; the subcommittee's exhibit has had many showings in various parts of the state; its leaflet "Beware the Cancer Quack," has been widely disseminated; the present work of the committee is the drafting of a Michigan cancer quackery law—such as in California, Nevada and Kentucky.

4. The Michigan Cancer Coordinating Committee continues to sponsor:

- a) the Michigan Cancer Coordinating Committee Lecture at the annual Michigan Clinical Institute
- b) The cancer Number of JMSMS in April
- c) to publish and distribute a goodly supply of literature including its own revised cancer manual, "Strength Through Unity Against Cancer," in addition to the AMA's excellent publication "The Four Horsemen of Cancer."

5. The MCCC approved the American Cancer Society's new film strip entitled "To Smoke or Not to Smoke" developed for showing primarily to teenage students. The Detroit Board of Education has purchased numerous copies to be shown in high schools.

6. Your MSMS representatives to the Michigan Cancer Coordinating Committee feel that the state society should fully cooperate in this seven-year-old activity—MCCC was created November 12, 1953—because of several distinct advantages:

- a) Better communication between the seven organization members results in mutual knowledge of the projects of each other.
- b) The generating of friendship among the representatives of these seven organizations primarily interested in cancer control leads to understanding and confidence in one another and the over-all program.
- c) Financial savings come from elimination of overlapping and duplication in cancer control work in Michigan.

### Informing Our Members

DR. MEIER: Between sessions of the House of Delegates, all business of the Society funnels through The Council—according to the bylaws—which meets monthly. The Council minutes now have reached over twenty pages per month and copies of full deliberations of The Council are transmitted monthly to secretaries of the component county societies, and to all seated delegates—who request them. These are the identical official minutes as received by the individual members of The Council, not digests. It has been suggested that more detailed information regarding Council actions would be desirable. The Council had deliberated on this request of a few members and feels that verbatim reports of The Council's discussions do not seem feasible; even



the most detailed minutes would require amplification by a member of The Council if a particular question was asked by a delegate or a county society officer. Certainly, all the Councilors are more than willing to answer any and all questions and provide any information upon request. In its attempts to communicate its deliberations fully to the membership, it has forwarded its identical official and complete minutes, monthly as indicated above. If, however, the membership desires further information, The Council cordially invites a representative of any component society to be a guest observer at any Council meeting.

### Campaign for Freedom

President Darling has said, "Adequate funds are needed to meet emergencies such as the recent 'crash program'—Campaign for Freedom—to aid in defeating Forand-type legislation, which proved most effective. The avalanche of protests from the grass roots directed to the Halls of Congress had a most salutary effect in stiffening resistance to pending medical legislation tied to Social Security. Both political parties have indicated they will press for additional legislation in the coming session; consequently we should be prepared financially to marshal our forces with renewed vigor."

Little need be added to these comments other than to emphasize the long-term aspects which are mandatory in the Campaign for Freedom as a deterrent force to inimical legislation coupled with the President's Program as a positive progressive project of MSMS to meet the needs which exist in the medical and health fields.

### Recommendations

We respectfully invite your attention to the nine recommendations in the original Annual Report of The Council, printed in the Handbook, beginning on Page 82. They read as follows:

1. That the House of Delegates give approval to the Presidents Program and urge enthusiastic support of this important project by all members.
2. That The Council be authorized to arrange Councilor Conferences, prior to the Annual Session, to continue communication and share information with delegates, alternate delegates and component society officers, as during the past three years.
3. That the House of Delegates give fitting recognition to the first Michigan lady to become President of the Woman's Auxiliary to the American Medical Association—Mrs. W. G. Mackersie.
4. That the House of Delegates approve the holding of an annual "General Meeting" of the State Society.
5. That component societies be encouraged to sponsor "County-State Society Nights" once per annum, to augment communication and information on matters vital to the full memberships of all county societies in Michigan.
6. That the House of Delegates approve amendment to the bylaws—Chapter 10, Section 1—to confirm the traditional practice of electing the officers of The Council in September, immediately after the election of new councilors by the House of Delegates.
7. That the House of Delegates reactivate the MSMS Cancer Control Committee by approving amendment to bylaws—Chapter 11, Section 3—as the guidance and advice of this committee is necessary at this time.
8. That The Council be authorized to send MSMS representatives to Washington, D. C., in 1961 on the occasion of the Annual Michigan Day as recommended for many years by the House of Delegates.
9. That the House of Delegates endorse the action of The Council in developing and implementing an intensified crash program against political medicine for the aged; further that the House of Delegates urge every MSMS member to recognize the seriousness of this threat and personally to inform his patients and other friends now of the fallacies and dangers of this ill-

advised program which will dilute the present high quality of medical care for all people.

The Council respectfully submits the following additional recommendation:

10. That the House of Delegates favorably consider a resolution establishing a system of awards for the employed personnel of the Michigan State Medical Society based upon the length of time in satisfactory service and providing proper recognition in the form of insignia and other emoluments.

Lastly, to implement the obvious necessity to carry on our program and philosophy for the care of the aged and to make a dissent against the Michigan White House Conference on Aging.

### Summarization of Proceedings of the Michigan White House Conference

By Public Relations Counsel Hugh W. Brenneman

MR. HUGH BRENNEMAN: Speaking as a public relations man, and from a technical standpoint and not a policy standpoint, I should like at this time to pay tribute to the UAW-CIO for its aggressive and systematic action to establish the welfare state in these United States. In this it has been particularly active in Michigan.

One of their objectives in this process is the passage of Forand-type legislation. The passage of this legislation is but one step in using the Social Security system to tax more, to gain more services from Government, and to give Government more control.

They failed in the last session of Congress to put through the Forand Bill, thanks to aggressive action by the doctors of medicine of this country. They failed in the Michigan Legislature in many other respects also, but their techniques are good. They are improving each year, and their successes are improving. There is no question about the fact they are going to continue to carry out the necessary activities to reach their objectives.

One of their techniques is to infiltrate conferences, recognized as being in the public interest, and using these conferences as tools of political pressure. One of these conferences which they did so use was the Michigan Conference on the Aging.

Let me give you an example of how it works. First, from the top down. If you will notice the Conference on Aging had as its speakers Governor Williams, Senator McNamara, Dr. Wilma Donahue. These three people, each of them, have expressed in the past their support of Forand-type legislation. In this conference the key section, the largest attended section and the section which meant most in regard to this policy was the Section No. 1, and their main program was on income maintenance. The chairman of this section was Wilbur J. Cohen. You will recall Wilbur J. Cohen was the compatriot of Mr. Michael Davis and Mr. Altmeier. The three of them were the chief protagonists for the Wagner-Murray-Dingle Bill of yesteryear. That's from the top down.

If you will notice, Victor Knox, who was on the House of Representatives Ways and Means Committee and helped to develop the Mills Bill, was not on the program.

You will notice that Charles Chamberlain, Representative from Lansing to Congress, and it was his home district, who was opposed to the Forand Bill, was not on the program in spite of the courtesy that is normally given to Congressmen when such a meeting is held in that area.

Now from the bottom up. I have no great knowledge about the other sections that were carried out in this conference. I think that there are men in this House of Delegates who can give you information in regard to those. I do have information about Section 1, chairmanned by Mr. Cohen because I had the privilege of serving as a resource person in this particular section. I was asked to be a resource person, and I accepted that assignment. I didn't know how many there would be.

When I got there I found out there were eighteen resource people in this particular section. Well, these were pretty qualified men I thought. I was very proud to be chosen to be one of these eighteen men.

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Ladies and gentlemen, not one question during the entire section meeting was directed to a resource person. The resource person in this particular section was its chairman, Mr. Wilbur J. Cohen.

Now let us take this conference just a minute and see how it started. There were supposed to be regional conferences and then from these regional conferences there was supposed to be a state conference, and then from the state conference there was supposed to be and will be a White House Conference in Washington. In other words, it is a filter-up job, so that if you could get the thinking of the people and the facts on a regional level, and then filter those facts and bring them together on the state level, and then from the state level to the Federal level, you could get some real value out of this. This was the basis upon which the White House Conference has been established, and it is using money, as you know, appropriated by the Federal Government in order to accomplish this.

Well, at the regional conferences it is interesting, the fact sheet there that was distributed for use by the regional conferences was prepared by Mr. O'Dell of the UAW-CIO.

I think that there are people here who could testify also that the regional conferences' reports in some instances anyway, were written prior to the time that the regional conference was held. However, nonetheless, at this particular section meeting that I attended, there were a number of resolutions given to us, that is, a number of items. These items were prepared, and they were the things we were going to talk about with such additional things as might come up, introduced by those persons in attendance. So the question was asked, and it was asked by Mr. Dougherty, the Executive Secretary of the Michigan Health Council: "Where did these resolutions come from?" The answer was given that they came from the regional conferences. It was then pointed out that one of the recommendations was, and I read, as follows:

"In the meantime speedy action should be taken by the State Legislature so that Michigan's indigent aged can qualify for the limited medical care provisions of the 1960 amendments to the Social Security Act, the Mills Bill."

This was passed by Congress and signed by the President after the regional conferences were all held. How could this have come up from the regional conferences? So then, when this was pointed out, Mr. Cohen said, and I quote him directly: "What was done and decided at the regional meetings has no particular bearing on this meeting. We are here to discuss these topics ourselves." So it was wide open.

Who was present in this room? Meeting for lunch there was a group of about ten men. These ten men were paid employees of the UAW-CIO. These men came into the meeting and seated themselves in various portions of the room, and whenever one of these subjects came up, one of these men, another, another, another would get up and speak upon this subject, and not bringing facts to bear, but trying to raise the emotions of those present. Who were present? The members, the great majority, were the golden agers, as you know, from the UAW-CIO. Consequently, you have quite an unusual situation with a chairman who was the authority, the resource persons who were not asked to speak, and the main comment coming from paid employees of the UAW-CIO.

So there was a point in this where it became obvious there was no question about the fact they were going to pass every single liberalization of the Social Security Act that had been outlined for them in this list of things which were supposed to come from the regional conferences but did not come from the regional conferences, and so it was at that point, after talking with a couple of the doctors who were present, I said: "Gentlemen, it is very obvious that this section is dominated by comments from paid workers of the UAW-CIO. It's stacked. Those people who are present are along in years, and I

suspect that if those who were here were younger, they might have a different way of voting on this, a different vote on it, because it is obvious that the people here are not going to pay for this. The people that are going to pay for it are the youth, the children and the grandchildren. This is the finest example of plain unadulterated selfishness it has ever been my opportunity to observe, and I herewith withdraw my name as a resource person. I am leaving," and I did.

I say to you, gentlemen and ladies, there is no question about the fact that this is typical of how the UAW-CIO intends to use those organizations and those situations which have the aura of respectability, for their own political purposes. There is no question about the fact that The Council has established the Campaign for Freedom, but that Campaign for Freedom, ladies and gentlemen, succeeded as it did only because of the activities of the individual doctors of medicine.

I can say to you that the UAW, the unions generally, have a campaign. They fear no organization. They fear only the aroused medical profession where the individual doctor of medicine feels so highly of his profession, so dedicated to his principles, that he is willing to fight for them.

I would like to pay tribute to Dr. H. B. Zemmer who is a member on the Michigan Commission on Aging, who is a member of this House of Delegates, and who has done a superb job in trying to hold the line on that Commission. I think his story best exemplifies the situation insofar as the Michigan Conference on Aging.

This is the story. It seems that Jake had been out playing poker one night, and he came home. His entire shirt and coat were just literally drenched with tobacco juice. Molly, his wife, said, "Jake, if you have to chew tobacco, can't you turn your head to spit?" And Jake said, "Molly, not with those boys I play with."

### REPORTS OF THE COUNCIL (Continued)

H. J. MEIER, M.D.: As I said lastly, these are the recommendations of The Council in view of these statements.

1. MSMS invite other participants in the Michigan White House Conference on Aging to join with it in issuing a dissenting report of the conference, which is to be transmitted to the national conference in Washington in January 1961.

2. MSMS express to the Michigan Legislature its concurrence in the two measures approved by that body on September 23, 1960 which provide health benefits for our needy aged citizens. MSMS also should extend to the Legislature and other state departments and agencies affected by this new legislation its fullest cooperation in implementing the new program and assessing the results.

3. MSMS develop and carry out an alive, alert and dynamic program of civic participation in all proper political and legislative spheres to insure continuation of the principles it believes to be in the best interests of the American public—as part of the Campaign for Freedom.

4. MSMS periodically consider allocation of sufficient funds and provision of adequate staff personnel as they become necessary for the successful pursuit of the above purposes.

Respectfully submitted,

The Council

H. J. MEIER, M.D., *Chairman*

T. P. WICKLIFFE, M.D., *Vice Chairman*

A. E. SCHILLER, M.D.

O. B. MCGILICUDDY, M.D.

WILLIAM A. SCOTT, M.D.

C. ALLEN PAYNE, M.D.

H. H. HISCOCK, M.D.

C. N. HOYT, M.D.

E. S. OLDHAM, M.D.

D. G. PIKE, M.D.

O. J. JOHNSON, M.D.

W. M. LEFEVRE, M.D.

B. T. MONTGOMERY, M.D.

B. M. HARRIS, M.D.

R. J. MASON, M.D.  
G. THOMAS McKEAN, M.D.  
W. W. BARCOCK, M.D.  
WILLIAM BROMME, M.D.  
J. J. LIGHTBODY, M.D., *Speaker*  
H. F. FALLS, M.D., *Vice Speaker*  
MILTON A. DARLING, M.D., *President*  
K. H. JOHNSON, M.D., *President-elect*  
D. BRUCE WILEY, M.D., *Secretary*  
W. A. HYLAND, M.D., *Treasurer*  
G. B. SALTONSTALL, M.D., *Past President*

**THE SPEAKER:** The Annual and Supplemental Reports of The Council will be referred to the Reference Committee on Reports of The Council except that portion of the report having to do with the supplemental report of the Medical Care Insurance Committee which will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

## VII. REPORT OF DELEGATES TO AMERICAN MEDICAL ASSOCIATION

By Wm. A. Hyland, M.D.

The AMA Annual Session Report is on pages 84 to 91 in your handbook. Therefore, with your permission, Mr. Speaker, I will bring you up to date on the present state of the American Medical Association and dispense with reading the report in the handbook. Thank you, sir.

Let's Keep the A.M.A. Healthy.

The life of the American Medical Association in many respects is similar to the life of an individual. An association is born, grows in strength, is beset by ills and unless properly cared for, may succumb to a fatal disease. Like an individual, an association in order to survive must be healthy; physically, intellectually, and spiritually. However, though human life, physically speaking, must have an end, an association kept strong, virile and healthy by the combined efforts of its membership can live forever.

The American Medical Association is 113 years old. It was founded in Philadelphia on May 5, 1847 by 250 physicians representing twenty-two states and the District of Columbia. They gave it sturdy tissues, strong muscles, and a sound heart. Today it ranks as one of the most powerful and constructive associations in the world, great in material possessions and rich in spiritual resources.

From a "handful of members" in 1847, the association has grown into a membership of 179,000 physicians; from an "out-of-pocket" budget in 1847, the association has built its present income to more than \$15,000,000 annually; from a one-room beginning in the Academy of Natural Sciences in Philadelphia in 1847, the association today occupies a headquarters building with a replacement value of more than \$8,000,000 and from a one-man operation in the person of Founder Nathan S. Davis, the association's work today is carried out by a staff of more than 700 skilled people.

All of these things denote a gradual and healthy growth.

The founding fathers, in laying the foundations of the American Medical Association planned well.

The preamble attached to the Constitution declared the purpose of the organization to be "for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those engaged in it."

These were lofty principles and they are as applicable today as they were in 1847. These principles born amid turmoil and conflict between physicians and medical schools that smacked of quack shops and diploma mills, were the beacon lights, the compasses of direction, that

guided the paths of American physicians toward the magnificent achievements of the next century.

But today the association's responsibilities are growing at an ever-increasing rate. Ideologies and shady thinking, spawned in the sunshine of government bureaucracy for a long time, have infected the blood stream of the AMA. These germs are deadly, easily transmitted, and often difficult to detect.

The key to the future must be alertness, eternal vigilance, and the maintenance of calmness. A healthy AMA, like a healthy body, must receive the unstinting cooperation of all its component parts; if one part fails to carry its share the whole organism is weakened. The American Medical Association must remain strong and healthy. This is the responsibility of every physician.

The American Medical Association is your association and in these times of rapid scientific, social and economic change, it needs your unstinting support.

In capsule form, I would like to trace the growth of AMA activities—not for the purpose of attempting any detailed history, but to demonstrate the great number and variety of association services as they exist today for your benefit.

For each \$25 in dues that came into the AMA treasury last year, \$14.50 went for subscriptions to AMA publications—\$7.50 for the *JOURNAL*, \$4 for a specialty journal, \$1.50 for the *AMA News*, and \$1.50 for *Today's Health*.

This left \$10.50 from each \$25 to help finance the many services—both professional and public—which AMA provides.

How was this \$10.50 plus the revenue derived from advertising, sale of exhibit spaces at the annual and clinical meetings, and income from investments, spent to help you?

In addition to the AMA publications, which have become the main source of medical information for the profession as a whole, the association promotes the exchange of scientific information through exhibits at the annual and clinical meetings each year.

The first scientific exhibit—a pathology display—was presented at an AMA meeting in 1899. Today at a typical AMA annual meeting each June—you can see almost 700 scientific and technical exhibits which make up just one part of a huge, five-day, postgraduate session planned by the associations Council on Scientific Assembly. While the AMA grossed \$414,000 last year from the sale of exhibit space at the annual and clinical meetings, the 1959 expenditure for the entire scientific division, with 119 staff members, totaled \$1,070,000.

Physicians who attend AMA annual conventions spend many hours listening to scientific lectures. They view 325 scientific exhibits, talk to representatives of pharmaceutical houses, surgical supply houses, and others in 275 industrial exhibits, and watch continuous medical films and color television. Every presentation is geared to the interests of the modern physician and to the extension of modern medicine.

In 1904, with the establishment of the Council on Medical Education and Hospitals, the AMA began the ever-increasing activities which have given our country its present high standards of medical school and hospital training. This council, among other things, conducts an extensive medical school inspection and evaluation program; evaluates and lists approved programs of internship and residency training; publishes comprehensive lists of postgraduate education programs for physicians; evaluates training programs for technologists and allied medical personnel, and cooperates closely with the Educational Council for Foreign Medical Graduates. Right now a major task is to provide leadership and guidance for a sound expansion of our medical education system to meet the future needs of a rapidly growing population.

The American Medical Education Foundation was founded by the AMA in 1950 to help the hard-pressed medical schools financially without any string attached. Since then the AMA has contributed outright grants

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totaling \$2,525,000 and also paid out a total of \$861,000 to cover all administrative expenses.

The year 1905 brought formation of the Council of Pharmacy and Chemistry, now called the Council on Drugs, which reports to the profession on the reliability, therapeutic value and limitations of pharmaceutical products.

As a sidelight in connection with this council's work, for years AMA was the only major organization working to insure drug safety and to stamp out quackery and misleading advertising. AMA efforts paved the way for passage of food, drug and cosmetic laws and for the establishment of the Federal Food and Drug Administration, which now oversees drug manufacture.

The following year came the Bureau of Investigation, which collects and distributes information on quack doctors, healing cults, patent medicines, and medical fads.

Although AMA itself does not prosecute the quacks who pass themselves off as medical men or the unscrupulous manufacturers of worthless potions or machines, by supplying information to organizations such as government agencies, Better Business Bureaus and civic groups, AMA has helped put many dangerous quacks and promoters out of business. Because these individuals say they can "cure" anything, they are as dangerous as the most wanted criminal—they keep people who can be helped by medical science away from doctors, sometimes until it is too late.

Health education for the public became an organized service of the association in 1911. Later, in response to a growing demand for sound information on medical subjects, AMA in 1923 began publication of a magazine for laymen. Originally, named *Hygeia*, it now is called *Today's Health*.

The Bureau of Legal Medicine and Legislation was established in 1922, and then in 1954 its work was absorbed by the newly-created Law Department, whose seventeen staff members work on a wide variety of medico-legal and legislative subjects—all of vital interest and concern to the medical profession.

This department, which had a total expenditure of \$186,000 last year, provides legal service and advice to the Board of Trustees, House of Delegates, officers and executive staff of AMA, and to various divisions, councils, committees, and departments. The division conducts original research and publishes numerous medico-legal reports.

To study and evaluate devices used in medicine, the AMA in 1925 set up the Council on Physical Medicine and Rehabilitation, now known as the Council on Medical Physics. The increasing interest in nutrition and special food products led to creation of the Council on Foods and Nutrition in 1929. The Economic Research Department which makes a variety of studies on the costs and distribution of medical services, began its work in 1931.

Developments in protecting the health of workers brought about establishment in 1938 of the Council on Industrial Health, recently renamed the Council on Occupational Health. The Council on Medical Service, organized to study the effects of social and economic changes on medical practice, was created in 1943. Co-operating with farm groups, communities and the medical profession in focusing attention on rural health problems is the Council on Rural Health which began in 1945.

The next year, 1946, brought the Department of Medical Motion Pictures, whose activities now include television and are an important part of the programs at our annual and clinical meetings. In that same year the association established a Public Relations Department to keep both the profession and the public informed about American medicine's policies, viewpoints and services. With a program greatly expanded both in size and scope, it now is known as the Communications Division.

This division whose expenditures last year totaled \$1,232,000 promotes all AMA activities, and utilizes every conceivable medium—radio, television, newspapers, and magazines, printed pamphlets and bulletins, posters,

leaflets, exhibits, speakers, movie film strips and slides, books, meetings, and formal instruction in schools. The division is also responsible for the editing and distribution of the *AMA News* and *Today's Health*.

In 1947 the AMA created the Council on National Emergency Medical Service—now called the Council on National Security—which deals with matters in the fields of civil defense and military medical affairs. The rising number and variety of medical and health proposals in the United States Congress led in 1950 to formation of a Committee on Legislation. Now the Council on Legislative Activities works closely with the AMA Law Department and the AMA Washington office, which was established in 1944 as a listening post and two-way information center. The total expenditure of the AMA Washington office last year was \$118,000.

As a result of the steady developments in psychiatry and the mounting national interest in the problems of mental illness, the association in 1952 set up the Council on Mental Health. Two years later the same council established a Committee on Alcoholism to concentrate on fact finding and program development in that particular field.

Still more recently, the AMA created a Committee on Aging to explore a wide range of subject matter related to the health and welfare of our older citizens.

And just recently the association established two new departments—preventive medicine and international health. It also made an initial grant of \$100,000 to finance an exhaustive study by a new Commission on the Cost of Medical Care, which will delve into every phase of that subject.

These are just a few of the highlights of the many services available to you from your association.

On the scientific side, for example, some AMA staff people do the continuing, day-to-day work for Committees on Research, Rehabilitation, Toxicology, Pesticides and Cosmetics. Other staff personnel in the socio-economic area, are constantly gathering facts about such subjects as indigent care, maternal and child care, federal medical services, medical and related facilities, voluntary health insurance plans and medical care for industrial workers.

All of these activities and services, regardless of their nature, are carried out under directives and policies established by your House of Delegates. Association policy begins at the bottom—with the 179,000 physician members scattered throughout the cities, towns and hamlets of the country.

Their individual viewpoints—voiced and acted upon—determine the opinions of the 2000 county medical societies. Their county society delegates in turn decide the policies of the state medical societies. Then more than 200 delegates from state and territorial societies, the government services and the association's twenty-one scientific specialty sections—gathered together at the annual and clinical meetings of the AMA House of Delegates—determine the national policies. Between these two meetings a nine-member Board of Trustees, plus certain elected officers—all chosen by the House of Delegates—implement those policies.

As you can see from this broad outline, the American Medical Association as an organization is "big business" today. In fact, it has to be big to do the many things it is doing, both for the profession and for the public.

As the growth of AMA activities would indicate, we in American medicine are concerned with a wide variety of problems and challenges. They exist today and they will become increasingly important and burdensome to the entire profession in both the immediate and far distant future.

In addition to the many scientific challenges, stimulated by the rapidly changing dimensions of medical knowledge, we have others involving problems of education, organization of health services, socio-economic change and public relations. The American Medical Association is trying to approach them not merely as thorny,



complex problems, but rather as opportunities for American medicine to demonstrate its vitality and leadership. Let me try to interpret medicine's viewpoint toward some of the main challenges.

For example, in the field of medical education there is a vibrant spirit of change, experimentation and expansion. Working in a healthy climate of ferment and unrest, medical schools all over the United States are examining the quality and content of their educational programs. They are seeking the best possible ways of presenting a coordinated body of medical knowledge which will prepare the physician for practice in the changing scene of modern medicine. The AMA is encouraging and assisting all sound experimentation aimed at that goal.

In addition to the quality of medical education, we must face up to the challenge of quantity and the need for expansion in the years ahead. We cannot be complacent over past and present progress in keeping pace with our population growth. Looking at the future needs of a rapidly increasing population, we are trying to provide effective leadership in promoting the sound expansion of existing medical schools, and the creation of new medical education programs in the proper university settings. The AMA is intensifying its efforts to recruit qualified, dedicated young people into the study of medicine, and is now studying the possibility of sponsoring a scholarship program for medical students.

As we work to expand and improve undergraduate and graduate medical training, we also are extending our efforts to meet the challenge of postgraduate education. Recognizing that medicine actually is a lifelong study, we feel that all physicians and medical organizations have a responsibility to aid the development of sound programs for keeping the practicing doctor abreast of scientific advances. Our association is steadily expanding its program to provide the most up to date information and guidance in this field.

Related to the whole subject of medical education and training is the growth of specialization. Our challenge in the United States is to find ways and means of balancing and coordinating the work of general practitioners and specialists. We must make objective studies of the changing needs in all categories, and we must try to channel specialist services into over-all programs that are better tailored to meet the complete health needs of the people.

However, we feel that those needs never will be adequate through cold science and technology alone. We believe that we have the additional challenge—throughout the entire period of medical education, training and practice—of reemphasizing human values and restoring the warm, personal relationship so important to successful therapy.

Underlying everything ahead of us—in all countries, of course—is the future progress of medical research. This involves not only men, money and facilities, but also the task of promoting better coordination, eliminating duplication and bringing about economic utilization of our energies. A major challenge within this area is to stimulate both basic and clinical research leading to better knowledge of cardiovascular diseases, cancer, arthritis and all types of chronic illness.

This point is extremely important to all American physicians because it is closely related to the question of health care for the aged. This whole subject which has many facets, provides us not only with one of our major, long-range challenges, but also with the most serious legislative threat we have faced in ten years.

The American Medical Association has been leading a strong, vigorous and costly fight against this type of legislation for a long time. Speaking for American physicians, the AMA fears that this kind of legislation, no matter how limited to begin with, would be only the precedent—the opening wedge—for the development of national compulsory health insurance for our entire population. This would undermine and eventually destroy our whole system of voluntary health insurance, which has provided one of the most dramatic chapters in economic history.

These are just a few of the many problems and challenges that confront physicians and the AMA. Many of them already are being tackled with all the vigor the AMA can bring to them. But the AMA needs your wholehearted support. It speaks for American medicine and many times that voice speaks on your behalf. For in addition to serving physicians, the AMA works in the public interest. In a hundred ways, AMA crosses your life each day, even though you may not be aware of it.

So cherish your AMA membership as you do your citizenship, and get others to cherish theirs.

Membership in the American Medical Association is not a right, but a privilege, and with any privilege comes the responsibility to exercise it wisely and fruitfully. Reluctance to accept this obligation at a time when the world is encountering political, economic and military revolutions all at once could seriously damage our corporate strength. Perhaps this is why statesmen of the past have paid "duty" such a reverent service.

There is no privilege which is not inseparably bound to duty. Washington associated duty with conscience, which he called "that little spark of celestial fire." Rear Admiral George R. Clark thought it the most "sublime" word in the English language; to Robert E. Lee it was the "noblest." But it remained for a man whose way of life was far different from any American physician to state the proposition in its entirety.

To any who see conflict between right and duty, let him listen herewith to Mahatma Gandhi's words as he said:

"Duty is not the companion of rights, but the producer of rights. If we discharge our duties, our rights will not be far away; if we forsake our duty, then the rights we seek will never be ours."

Members of the House, on behalf of the Delegates and Alternates to the American Medical Association I wish to express our appreciation for allowing us to represent you as delegates and alternates. I wish to express my heartfelt thanks for your kindnesses and courtesies to me as your chairman.

**THE SPEAKER:** The regular report of the Delegates to the American Medical Association as printed in the handbook will be referred to the Reference Committee on Officers Reports.

## VIII. REPORT OF WOMAN'S AUXILIARY TO MSMS

By Mrs. Harold H. Gay, President

Very early in June a detailed report of auxiliary activities was sent to Mr. Burns to be presented to The Council, so when he reminded me of this second report, I felt a good deal like the small boy who was confronted with an arithmetic exam in which he was required to make an equation for a problem that ran something like this: A field of 100 acres was plowed in two hours with a two-bottom plow. How long will it take to plow it with a three-bottom plow?

Now this was a little farm lad, and he knew the answer immediately, but he was not able to put it in the form of an equation. Not wishing to leave a blank space on his paper, he wrote: "Why the dickens do you want it plowed again, anyway?"

I am not sure you want the field plowed again either for my first report is in your little handbook which you may read at your leisure.

In lieu of the detailed report of the activities of the Woman's Auxiliary to the Michigan State Medical Society which has been given to The Council, I wish to report in brief its outstanding accomplishments for the year 1959-1960. There are also some additions since the June report which should be made.

But before listing our deeds of valor I want to express my own and the Auxiliary's appreciation and thanks to Mr. Burns, Mr. Tryloff, Mr. Roney and their stenographers and all others at the Lansing office for the very

considerate assistance, kind advice and invaluable service. Gratefulness can't be too often expressed and knowledge that there is a strong helping hand behind the scenes is a great comfort to a harried State Auxiliary President.

Not to be overlooked is the Society donation toward convention expenses. For this we wish to repeat our thank you. Though there were no questions of policy this year about which to consult our advisory committee, a letter was sent out by them to all county medical societies urging greater use of the county Auxiliary in the field of Public Relations and Education. This we greatly appreciate.

I am purposely omitting the range of my travels for the year, for it isn't where I went that is important, but the results of that travel apparent in Auxiliary accomplishment that counts. I can truthfully say that it has been a full-time job, and home and family have frequently been neglected as a result.

You are undoubtedly familiar with the Auxiliary program and its activities. I will touch briefly on the four priority projects.

Community service is, of course, the big field in which almost every doctor's wife, whether she is an auxiliary member or not, expends a great deal of her energies. It is in that area that her abilities as a public relations agent for you gentlemen and her husband in particular are tested and rated. In Michigan, activities which fall within the community service grouping cover almost anything one can name—from cub scout den mother through PTA to cancer drives, Red Cross service, a school for the deaf, to visits with the little old lady or gentleman around the corner, to getting out the vote. One cannot list all the community service projects in which doctors' wives engage. Who should know better what they are than you gentlemen yourselves?

Our Mental Health program is a rapidly growing one and shows every indication of becoming one of our major projects in the future while the Safety and Civil Defense programs continue to lag.

In cooperation with the Michigan Health Council, the Michigan League for Nursing and independently, the Auxiliary has continued its activity in the field of recruitment which is now being broadened to include all the paramedical careers as well as the profession of medicine. One county Auxiliary sponsors a future doctors' club. Auxiliaries during the past year have contributed \$12,000 for loans and/or scholarships.

The AMEF program has been growing each year since it was begun. The total National Auxiliary contribution to AMEF for 1959 was \$175,010. This was \$35,000 more than has ever been given. Of this amount, Michigan contributed \$7127.58—an increase over last year of \$1593.35. But lest you relax in smug satisfaction with your Auxiliary's accomplishment, I would mention that Ohio topped all states with a \$19,591 contribution; Texas \$17,604.81 and Indiana and California each \$13,000.00.

Our all-out efforts this year have been directed toward the legislative field. Education of the Auxiliary member concerning the evils of the Forand, Kennedy and similar health bills was undertaken at all district meetings on our trip through the upper Peninsula where each county auxiliary was visited, and through the March issue of the Auxiliary. It was again stressed at the Midyear Board Meeting in March. At that time a resolution expressing disapproval of such legislation was sent to Congress where it became part of the congressional record. Many counties sent similar protesting resolutions and individuals wrote letters to their Congressmen and Senators. All Auxiliary members were urged to explain the evils of socialized medicine to lay friends and groups. At the same time some Auxiliaries developed constructive programs of problems of the aged which were sponsored by the Mental Health Committees.

Being asked to participate in the State Society's plan for fighting the Socialist inspired dream to provide free medical care for the aged is both flattering and invigorating. With the year's background work every Auxiliary

member would be well prepared to follow the plan of action outlined by your state officers.

Since the recent congressional action temporarily stops further medical care legislation, Auxiliary members are directing their energies toward election activities. Direction for the next step must come from the medical society.

If you would have a greater and more effective response, let that direction come at the county level. Don't wait for your Auxiliary to ask you what you want done. The small, scattered and disinterested groups won't bother. To remain long without purpose threatens their existence. We were organized to give service, but it is hard to give service where none is required.

Kathleen Mackersie, the pride of our Auxiliary and the newly elected National President, said there was "great need for the doctor and the doctor's wife to work shoulder-to-shoulder with other citizens to meet the challenges posed by our increasing population of elderly Americans."

She also pointed out that with their knowledge and understanding of the services of medicine, "the Auxiliary walking side by side with the medical profession can help them preserve and enhance the heritage of American medicine." This I, too, believe.

At the state level this walking together is already accomplished. Now let us develop it at the county level.

THE SPEAKER: Mrs. Gay's report will be referred to the Reference Committee on Officers Reports.

## IX. REPORT OF MICHIGAN STATE MEDICAL ASSISTANTS SOCIETY

By Mrs. Reta V. Stahl, President

This is indeed the high point of my year as president.

### ACTIVITIES

In October 1959 the fourth annual convention of the American Association of Medical Assistants convening in Philadelphia was attended by four delegates and four alternates from Michigan. In addition, a large contingent of Michigan members also attended.

Dr. J. W. Rice was appointed chairman of the national advisory committee and Miss Hallie Cummins was elected to the office of national Treasurer. Six other Michigan members were appointed to service on various national committees.

Mr. Hugh Brenneman presented an interesting and informative lecture on "Leadership in Public Relations." At this annual meeting we witnessed the premier showing of the film "First Contact" produced by Wyeth Company for the American Association of Medical Assistants.

Next month Michigan will be represented by four delegates and two alternates at the annual convention of the American Association of Medical Assistants in Dallas, Texas. A bid for the national convention to be held in Detroit in 1962 will be made at that time. Michigan will present candidates for a national office and for the Board of Directors.

As in the past, two President's conferences were held. The November President's conference brought 76 officers and committee chairmen to Bay City to hear speakers from Dow Chemical Corporation. On May 1, 1960, a second President's conference was held in St. Joseph with 85 persons present. General theme of this meeting was Parliamentary Procedure.

On March 9, 1960, our third annual Educational Seminar was held in Detroit. In the past this seminar has been handled by the University of Michigan in cooperation with our Society, however, this year the seminar was planned and directed by our own members. Registration of 163 was slightly below that of the previous year, but response to the entire program was enthusiastic. We were honored to have Mr. Hugh Brenneman present the first annual L. Fernald Foster Memorial Lecture. We wish to thank The Council of the Michigan

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State Medical Society for the use of their addressograph facilities which were a tremendous aid in handling our brochures for this seminar.

In October 1959, an Upper Peninsular Seminar patterned after our annual Educational Seminar was held in Ishpeming.

Representatives of our Society participated in discussions on health careers in three of the four regional conferences sponsored by the Michigan Health Council.

Upon request of The Council of the Michigan State Medical Society, our local societies assisted in the "Campaign for Freedom."

Our component societies have continued to be active in civic affairs. They have assisted the Woman's Auxiliary in projects in various areas as well as making their own contributions in numerous fields. Several county societies have developed scholarship funds, some on an outright grant to the receiver and some on a loan basis. These scholarships vary from premedical training to any health career training.

### BULLETIN

Our Bulletin has continued to be published quarterly. As in the past, manuscripts and lectures from our various functions have been published. Michigan is especially proud of our first-place award in the national bulletin contest last year. This award was based on scientific content and journalistic ability.

### ORGANIZATION

This year is the eleventh year of organization for the Michigan State Medical Assistants Society. We now have 25 component societies. Newly organized Macomb County, Marquette-Alger and Grand Traverse-Leelanau-Benzie area, known as Tri-County, will receive charters at this annual meeting.

Our membership totals 947 of which 293 are new members this year.

A membership trophy presented by our Advisory Committee will be awarded for the first time this year to the county with the biggest membership increase percentage-wise during the past year.

### EDUCATION

The Jackson and Lansing areas are now in the final semester of our In-Service Training Pilot Study. Courses are being taught in four other pilot study areas. The published course outlines are now available for use in other centers in Michigan.

We are experiencing some difficulty in several pilot study areas in meeting our necessary quota of students per class. Assistance of local medical societies in these areas is being urgently sought.

At the annual convention of the American Association of Medical Assistants in Philadelphia last year, Dr. Ralph Steffek of the Extension Department of the University of Michigan, presented the entire in-service program outline to the House of Delegates. It is our hope that this program will serve as the basis for a national educational program. The presentation received enthusiastic response and the entire course is now being taught in several states.

### MEDICAL ASSISTANT OF THE YEAR

This year for the first time, a Medical Assistant of the Year will be honored. She will be chosen on a merit system based on activities in her local society, congeniality, leadership ability, and ability to work with others. An award will be presented by the Medical-Dental-Hospital Bureau of America.

### OUR THANKS AND AN INVITATION

It has been a pleasure to serve as President of the Michigan State Medical Assistants Society.

Our Society greatly appreciates the interest and co-operation of the Council of the Michigan State Medical Society, and we are most grateful to the county medical societies and advisory boards for their assistance.

I should like to take this opportunity on behalf of

the Michigan State Medical Assistants Society to invite you to attend any or all of our functions at the Hotel Statler on Wednesday and Thursday of this week.

THE SPEAKER: Miss Stahl's report will be referred to the Reference Committee on Officers' Reports.

I would like to take this opportunity of thanking the Woman's Auxiliary and the Medical Assistants Society for the yeoman job they did in assisting in the Campaign for Freedom. Both organizations did a terrific amount of work, so please take back the thanks of the House of Delegates to both of your organizations.

[The House recessed at 11 o'clock.]

## MONDAY MORNING SESSION

September 26, 1960

The House convened at 9:05 o'clock with J. J. Lightbody, M.D., Speaker of the House of Delegates, presiding.

## X. REPORT ON MICHIGAN MEDICAL SERVICE

By G. Thomas McKean, M.D., President

Corrections in Michigan Medical Service Annual Report to Delegates in Handbook.

1. On page 150 of the handbook one paragraph was omitted in Item G. Between the last two paragraphs on that page, the following should be inserted:

"After discussion on multiple occasions, action was taken by the Board to embody the sense of the above resolution in the following motion which was seconded and passed on June 8, 1960:"

2. On page 154, a paragraph that appears after the end of the letter from Commissioner Blackford does not belong in that place. We ask the delegates to read the paragraph and place it in the Professional Relations Section of the report.

3. On page 147 of the Handbook for Delegates, attention is particularly called to the final paragraph. To bring the House up to date, the following additional material is presented:

Continued study of the place for a \$6500 Family Income policy in the program of Michigan Medical Service resulted in a detailed statement from management of Blue Shield which is summarized as follows:

It has been possible to attain conversion of 97% of our subscribers to M-75 because the public wants more benefits, more security in health care, and because price is a secondary concern. The 3% of subscribers who do not now hold M-75 have remained on old contracts because labor-management agreements totally prevented conversion to the newer policy up to date. M-75 sold in spite of its price increase handicap because it gave back to a large share of the market the service concept, and it added currently popular and broadly requested benefits.

In early 1961 the predominant portion of the motor industry will negotiate contracts with labor representatives. Up to this point there has never been a cutback in the health care coverage resulting from such negotiations. In fact, as much as half of the group enrollment has added coverage above the basic Blue Cross-Blue Shield for salaried personnel to the extent of a \$1.00 to \$5.00 monthly increase in premium.

M-75 with new income ceilings, new benefits, and certification of income resulted in a renewed faith of a majority of buyers in the Blue Plans and in the medical profession. Their trust and expectations were fulfilled. Once again, the service concept became a reality, and the image of the doctor in the eyes of a growing number of the public was strengthened.

The total MMS enrollment is about 1,300,000 contracts. About 9% are Plan D with no service obligation by the participating physician; about 17% are unmarried and for these there is no secondary income

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problem; about 23% have income, not certified, contracts in which service eligibility is dependent on the income of the "principal contributor." In this 49% of contracts, the use of family income would create essentially no change in the obligation of a participating physician to provide service benefits.

The influence of the incomes of other family members on the actual service benefit level is believed to be too small to counteract the fact that, though certified income is based on 2080 hours per year, annual hours worked and compensated are actually about 1700 to 1800 hours.

It is statistically true that 9.5% of earning families fall in the \$6500 to \$7500 range. Consequently, little change in total number of service beneficiaries would result from this change.

A mandatory cutback in the service income limits or in benefits at this point, or in the foreseeable future, would be calamitous to enrollment in Michigan Medical Service. Such actions would create only one impression in the public mind; that the medical profession is reneging on its commitment to the service concept and its obligation to the public. From extensive expressions of public opinion, neither prepayment plans nor the medical profession can afford any such loss of public trust. Other providers of health insurance coverage stand ready to gain enrollment from such a reduction as a \$6500 family income policy would offer. Vacillation on the part of Blue Shield and the medical profession supports such competitors.

A major campaign was necessary to convert holders of old plan Blue Shield policies to M-75. Can you picture the consternation and confusion should now the enrollment representatives of Michigan Medical Service tell these recent buyers that they have now to accept a lower level of coverage with less assurance of service?

Simultaneously with the above report from management, the Board learned of the incongruities that would appear in the fee schedule for a new \$6500 family income certificate. Facing the evaluation of the position of Blue Shield in the market place and the economic effect on doctors, the Board of Directors on September 12, 1960, passed the following motion:

"That the Board of Directors direct Michigan Medical Service to report to the House of Delegates in September, 1960, tentative unit values, tentative rate schedules and tentative fee schedules on the \$6500 maximum total family income contract with the three levels of income as requested by the House of Delegates in 1959, together with drafts of tentative contracts developed by management with respect to which final action by the Board has not been taken."

The report presently being read has been distributed to each delegate. A tentative draft of the above-mentioned contract is available should it be desired by delegates. The tentative rates for which management might ask approval of the Commissioner of Insurance and tentative fee schedules constitute Exhibits 2 and 3. These fee schedules were prepared in conformity with unit values—Exhibit 4—acted upon by the M.C.I.C. and passed by The Council of MSMS.

The Board finds itself unable to discontinue the sale of M-75 at the present time or in the near future. Minor changes in contract benefits continue to be under consideration.

The Board asks your careful consideration of all of this material prior to your final action.

On pages 148 and 149 of the Handbook, action prior to July 1960 on the recommendation of the 1959 House of Delegates that Michigan Medical Service accept the National Account Agreement has been detailed. Negotiations have been continuing with the National Blue Shield toward a contract embodying traditional Michigan principles but meeting so far as possible the requirements of the National Account Agreement. It is possible that before the termination of this meeting of the House of Delegates such a contract can be culminated.

On page 150, Section F, efforts to conform with a

resolution of the 1959 House of Delegates are described. The results of these efforts have been distributed in the form of a Blue Shield brochure entitled "Your Blue Cross-Blue Shield Dollar" (Exhibit 5). Such a brochure will be mailed to all receivers of any type of literature from the Detroit office. Every effort will be made to attain the widest possible distribution of this brochure.

On pages 151 and 152 of the Handbook, you will note comments regarding the Federal Employee Health Benefits Act of 1959—a program now in full operation.

During the meetings with many delegates in the past month, it has become apparent that additional information regarding finances beyond that presented on pages 155 and 156 is necessary to prepare the delegates for making decisions in this session of the House.

Projections of our fiscal status, based on studies made by management, are not optimistic, nor do they promise that our operation will be in the black until another rate increase can be obtained. It is likely that on December 31, 1960, the contingency reserve figure will show a deficit of approximately three million dollars.

Subscribers to prepaid plans of all kinds have been using medical services at an increasing rate. The tendency for financial losses in every type of insurance for health care—be it stock company, or mutual company, a doctor sponsored plan or even a closed panel—has been universal. Such losses have been generally counteracted by intermittent rate increases in part or in whole.

In the case of Michigan Medical Service, the Insurance Commissioner on three occasions, starting in 1957, has not seen fit to allow a rate increase which would permit accumulation of a contingency reserve. Actually the increases have not kept pace with the increasing demand for doctor's services. Many have asked: "In what areas has Michigan Medical Service lost money?"

1. Much of the deficit present on our books resulted from a continuing loss experience with the old \$2500-\$5000 contract.

2. Plan A, the \$2500 level in M-75 was a disproportionate loser, compared with losses for higher income level contracts. The value of this coverage to the low income retiree is manifested by this loss.

3. In-hospital medical care and out-of-hospital surgery were types of service which were major losers. On a much smaller scale, X-ray and coverage of such procedures as electrocardiograms also lost money. However, gains made in consultant coverage, laboratory benefits and surgical assistants' fees more than balanced the X-ray-EKG losses. In this way the so-called Class II Benefits came out in the black.

Extensive work is under way at the present time to implement many of the suggestions made by the Insurance Commissioner and by the Medical Profession. Studies of possible exploitation of benefits, of fraud, and of excessive payments are being made.

The National Association of Blue Shield Plans now holds us in full approval, in recognition of the efforts being made by the plan toward correcting the deficit position. Recognition has been given that it is fundamentally the action of the Insurance Commissioner that has not allowed the accumulation of any surplus.

In closing, I express my sincere thanks to individual members of the MSMS, and to this House of Delegates for showing great interest and for their careful consideration of the problems of Blue Shield in the next two days.

September 25, 1960

Exhibit-2

## TENTATIVE RATE CHART

	TOTAL "FAMILY" ANNUAL INCOME	
	Less Than \$2,500	\$2,500 - \$5,000
Individual	\$1.97	\$2.32
Two Person	\$4.75	\$5.62
Family	\$5.64	\$6.72

Above rates are based on Unit  
Values shown in Exhibit-4



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## SURGICAL PROCEDURES

EXHIBIT-3		APRIL 1, 1960			M-75 "SUBSCRIBER		
TENTATIVE FEE SCHEDULES COMPARISON		TOTAL "FAMILY" ANNUAL INCOME			ONLY" INCOME		
FAMILY VS. SUBSCRIBER ONLY INCOME		Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
UNIT VALUES USED		\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
Procedure Code	DESCRIPTION	Relative Value					
0102	Drainage of furuncle.....	2.0	\$ 5.20	\$ 6.50	\$ 7.30	\$ 6.00	\$ 7.50
0103	Drainage of small subcutaneous abscess.....	2.0	5.20	6.50	7.30	6.00	7.50
0108	Drainage of carbuncle.....	4.0	10.40	13.00	14.60	12.00	15.00
0114	Drainage of large subcutaneous abscess (where not specified elsewhere).....	4.0	10.40	13.00	14.60	12.00	15.00
0130	Incision and removal of foreign body.....	2.0	5.20	6.50	7.30	6.00	7.50
0171	Biopsy of skin or subcutaneous tissue.....	2.0	5.20	6.50	7.30	6.00	7.50
0178	Local excision of small benign neoplastic, cicatricial, inflammatory or congenital lesion, one.....	3.0	7.30	9.75	10.95	9.00	11.25
0180	more than one.....	4.0	10.40	13.00	14.60	12.00	15.00
0190	Wide excision of lesion, without graft of plastic closure.....	5.0	13.00	16.25	18.25	15.00	18.75
0230	Excision of nail, nail bed or nail fold, simple.....	3.0	7.80	9.75	10.95	9.00	11.25
0238	Excision of pilonidal cyst or sinus.....	20.0	52.00	65.00	73.00	60.00	75.00
0445	Excision of cyst, fibroadenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple (including any other partial mastectomy), unilateral.....	15.0	39.00	48.75	54.75	45.00	56.25
0457	Complete (simple) mastectomy, unilateral.....	30.0	78.00	97.50	109.50	90.00	112.50
0470	Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes.....	60.0	156.00	195.00	219.00	180.00	225.00
0501	Aspiration biopsy of bone marrow, including sternal puncture.....	3.0	7.80	9.75	10.95	9.00	11.25
0686	Nasal, simple, closed reduction.....	5.0	13.00	16.25	18.25	15.00	18.75

		TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
		Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
UNIT VALUES USED		\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
Procedure Code	DESCRIPTION	Relative Value					
0740	Clavical, simple, closed reduction.....	10.0	\$26.00	\$32.50	\$36.50	\$30.00	\$37.50
0761	Ribs, one, simple, strapping.....	3.0	7.80	9.75	10.95	9.00	11.25
0778	Humeral, surgical neck, simple not requiring manipulation.....	15.0	39.00	48.75	54.75	45.00	56.25
0798	Head, simple, closed reduction.....	10.0	26.00	32.50	36.50	30.00	37.50
0807	Distal end, Colles' (including ulnar styloid) simple, closed reduction.....	15.0	39.00	48.75	54.75	45.00	56.25
0821	Radius and ulna, simple, closed reduction with displacement.....	22.5	58.50	73.13	82.13	67.50	84.38
0842	Metacarpal, one, simple, closed reduction.....	7.0	18.20	22.75	25.55	21.00	26.25
0852	Phalanx or phalanges, one finger or thumb, simple, closed reduction.....	5.0	13.00	16.25	18.25	15.00	18.75
0967	Metatarsal, one simple, closed reduction.....	7.0	18.20	22.75	25.55	21.00	26.25
0980	Phalanx or phalanges, one toe, simple, closed reduction.....	3.0	7.80	9.75	10.95	9.00	11.25
1046	Arthrocentesis: puncture for aspiration of joint, initial.....	5.0	13.00	16.25	18.25	15.00	18.75
1047	subsequent.....	1.5	3.90	4.88	5.48	4.50	5.63
1244	Club foot and application of cast, unilateral.....	3.0	7.80	9.75	10.95	9.00	11.25
1246	bilateral.....	5.0	13.00	16.25	18.25	15.00	18.75
1413	Puncture for aspiration of bursa, initial.....	3.0	7.80	9.75	10.95	9.00	11.25
1928	Septectomy: submucous resection.....	30.0	78.00	97.50	109.50	90.00	112.50
2006	Ethmoidectomy, intranasal, unilateral.....	20.0	52.00	65.00	73.00	60.00	75.00
2010	bilateral.....	30.0	78.00	97.50	109.50	90.00	112.50
2081	Laryngoscopy, operative, including removal of papilloma or other tumor.....	20.0	52.00	65.00	73.00	60.00	75.00

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Procedure Code	DESCRIPTION	Relative Value	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
			UNIT VALUES USED	\$2.60	\$3.25	\$3.65	\$3.00	\$3.75
2111	Bronchoscopy, diagnostic .....	15.0	39.00	\$ 48.75	\$ 54.75	\$ 45.00	\$ 56.25	\$ 67.50
2193	Total or subtotal lobectomy .....	100.0	260.00	325.00	365.00	300.00	375.00	450.00
2315	Valvulotomy or commissurotomy .....	100.0	260.00	325.00	365.00	300.00	375.00	450.00
2434	Ateriography (exclusive of x-ray allowance) .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
2446	Blood Transfusion, replacement type, Rh factor .....	25.0	65.00	81.25	91.25	75.00	93.75	112.50
2563	Ligation and division and complete stripping of long and short saphenous veins, unilateral .....	35.0	91.00	113.75	127.75	105.00	131.25	157.50
2564	.....bilateral .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
2601	Splenectomy .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
2641	Biopsy of lymph node.....	5.0	13.00	16.25	18.25	15.00	18.75	22.50
2644	Excision of lymph node for diagnosis .....	5.0	13.00	16.25	18.25	15.00	18.75	22.50
2652	Upper cervical (suprahyoid) unilateral .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
2658	Axilla, unilateral .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
2665	Cervical (block dissection) .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
2693	Excision of mediastinal tumor .....	80.0	208.00	260.00	292.00	240.00	300.00	360.00
2992	Tonsillectomy, with or without adenoidectomy .....	15.0	39.00	48.75	54.75	45.00	56.25	67.50
3115	Subtotal gastrectomy .....	70.0	182.00	227.50	255.50	210.00	262.50	315.00
3179	Colectomy: resection of large intestine, partial .....	80.0	208.00	260.00	292.00	240.00	300.00	360.00
3261	Appendectomy (independent procedure) .....	35.00	91.00	113.75	127.75	105.00	131.25	157.50
3356	Incision and drainage of ischiorectal abscess (independent procedure) .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
3380	Hemorrhoidectomy, internal plus external .....	25.0	65.00	81.25	91.25	75.00	93.75	112.50
3384	Fistulotomy or fistulectomy and hemorrhoidectomy, internal and external .....	30.0	78.00	97.50	109.50	90.00	112.50	135.00

Procedure Code	DESCRIPTION	Relative Value	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
			UNIT VALUES USED	\$2.60	\$3.25	\$3.65	\$3.00	\$3.75
3388	Fissurectomy and hemorrhoidectomy, in- ternal and external .....	25.0	65.00	\$ 81.25	\$ 91.50	\$ 75.00	\$ 93.75	\$112.50
3515	Cholecystectomy .....	55.0	143.00	178.75	200.75	165.00	206.25	247.50
3517	with open exploration of common duct .....	65.0	169.00	211.25	237.25	195.00	243.75	292.50
3571	Exploratory laparotomy: exploratory cel- iotomy .....	35.0	91.00	113.75	127.75	105.00	131.25	157.50
3631	Hernioplasty: inguinal, unilateral .....	30.0	78.00	97.50	109.50	90.00	112.50	135.00
3634	Hernioplasty: inguinal, with excision of hydrocele or varicocele .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
3638	Hernioplasty: inguinal, bilateral .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
3661	Hernioplasty: ventral, incisional (inde- pendent procedure) .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
3817	Pyelolithotomy .....	65.0	169.00	211.25	237.25	195.00	243.75	292.50
3821	Nephrectomy, with or without ureter- ectomy .....	70.0	182.00	227.50	255.50	210.00	262.50	315.00
3857	Ureterolithotomy .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
3924	Transurethral resection of bladder tumors .....	50.0	130.00	162.50	182.50	130.00	187.50	225.00
3931	Cystoscopy, diagnostic, initial .....	5.0	13.00	16.25	18.25	15.00	18.75	22.50
3935	Cystoscopy, with ureteral catheteriza- tion, initial .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
3937	Cystoscopy, with stone removal, ureter- al dilation, initial .....	20.0	52.00	65.00	73.00	60.00	75.00	90.00
3941	Cystoscopy, with fulguration of bladder tumor, initial .....	25.0	65.00	81.25	91.25	75.00	93.75	112.50
3945	Cystoscopy, with retrograde pyelogram (x-ray charges not included) .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
4122	Circumcision, newborn to age 1 month....	3.0	7.80	9.75	10.95	9.00	11.25	13.50

# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

Procedure Code	DESCRIPTION	Relative Value	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
			UNIT VALUES USED	\$2.60	\$3.25	\$3.65	\$3.00	\$3.75
4123	Circumcision, under age of 12.....	5.0	13.00	\$ 16.25	\$ 18.25	\$ 15.00	\$ 18.75	\$ 22.50
4125	Circumcision, age twelve or over.....	8.0	20.80	26.00	29.20	24.00	30.00	36.00
4144	Orchiectomy, simple, unilateral.....	20.0	52.00	65.00	73.00	60.00	75.00	90.00
4176	Epididymectomy, unilateral.....	30.0	78.00	97.50	109.50	90.00	112.50	135.00
4316	Prostatectomy, suprapubic, one or two stages.....	70.0	182.00	227.50	255.50	210.00	262.50	315.00
4321	Transurethral electroresection of pros- tate, including control of postoperative bleeding complete.....	70.0	182.00	227.50	255.50	210.00	262.50	315.00
4481	Colpoplasty, anterior vaginal wall; repair of cystocele (independent procedure).....	30.0	78.00	97.50	109.50	90.00	112.50	135.00
4488	Colpoperineoplasty, anterior and posteri- or vaginal walls; repair of cystocele, rectocele, and perineoplasty.....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
4545	Salpingo-oophorectomy, complete or par- tial, (independent procedure), unilat- eral or bilateral.....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
4581	Excision of ovarian cyst (independent procedure), unilateral or bilateral.....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
4611	Biopsy of Cervix (independent procedure)	3.0	7.80	9.75	10.95	9.00	11.25	13.50
4617	Panhysterectomy; total hysterectomy cor- pus and cervix).....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
4631	Vaginal hysterectomy.....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
4641	Local excision of lesion of cervix, cau- terization.....	4.0	10.40	13.00	14.60	12.00	15.00	18.00
4642	Local excision of lesion of cervix, con- ization.....	8.0	20.80	26.00	29.20	24.00	30.00	36.00

Procedure Code	DESCRIPTION	UNIT VALUES USED	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
			\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
4644	Local excision of lesion of cervix in con- junction with dilation and curettage.....	10.0	26.00	\$ 32.50	\$ 36.50	\$ 30.00	\$ 37.50	\$ 45.00
4646	Dilation and curettage of uterus (inde- pendent procedure) .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
4681	Hysteropexy, with ventrosuspension; ventrofixation .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
4850	Miscarriage or abortion, less than six months; no surgery .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
4855	Miscarriage or abortion, including dila- tion and curettage .....	15.0	39.00	48.75	54.75	45.00	56.25	67.50
4914	Thyroidectomy, total or complete .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
4917	Thyroidectomy, subtotal or partial .....	50.0	130.00	162.50	182.50	150.00	187.50	225.00
4921	Hemithyroidectomy; lobectomy .....	30.0	78.00	97.50	109.50	90.00	112.50	135.00
4941	Excision of thyroglossal duct, cyst or sinus .....	40.0	104.00	130.00	146.00	120.00	150.00	180.00
5021	Laminectomy .....	80.0	208.00	260.00	292.00	240.00	300.00	360.00
5057	Spinal puncture; lumbar puncture (inde- pendent procedure) .....	3.0	7.80	9.75	10.95	9.00	11.25	13.50
5081	Encephalography (independent procedure) .....	15.0	39.00	48.75	54.75	45.00	56.25	67.50
5084	Myelography (independent procedure) .....	10.0	26.00	32.50	36.50	30.00	37.50	45.00
5171	Ventriculography (independent proced- ure) .....	20.0	52.00	65.00	73.00	60.00	75.00	90.00
5381	Sympathectomy: Lumbar, unilateral.....	50.0	130.00	162.50	182.50	150.00	187.50	225.00
5445	Removal of foreign body from cornea.....	3.0	7.80	9.75	10.95	9.00	11.25	13.50
5611	Extraction of lens, intracapsular or ex- tracapsular, unilateral .....	70.0	182.00	227.50	255.50	210.00	262.50	315.00
5613	Extraction of lens, intracapsular, or ex- tracapsular with preliminary iridec- tomy, unilateral .....	70.0	182.00	227.50	255.50	210.00	262.50	315.00

# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

Procedure Code	DESCRIPTION	Relative Value	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
			\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
5641	Myotomy, tenotomy, recession, resection, advancement or shortening of ocular muscles for strabismus, one or more stages, unilateral .....	50.0	\$130.00	\$162.50	\$182.50	\$150.00	\$187.50	\$225.00
5642	.....bilateral .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
5702	Blepharectomy; excision of meibomian glands (chalazion), single .....	5.0	13.00	16.25	18.25	15.00	18.75	22.50
5961	Myringotomy; tympanotomy; plicotomy .....	2.0	5.20	6.50	7.30	6.00	7.50	9.00
5965	Stapes Mobilization .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
5975	Mastoidectomy, radical, unilateral .....	60.0	156.00	195.00	219.00	180.00	225.00	270.00
4801	Caesarean Section, classic .....	50.0	130.00	162.50	182.50	150.00	187.50	225.00
4802	.....low cervical (lower uterine segment)....	50.0	130.00	162.50	182.50	150.00	187.50	225.00
4821	Obstetrical procedures: Obstetrical delivery .....	20.0	52.00	65.00	73.00	60.00	75.00	90.00

## MEDICAL CARE

	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
	Less Than \$2,500	\$2,500 \$4,999	\$5,000 \$6,499	"A"	"B"	"C" & "D"
	UNIT VALUES USED	\$3.45	\$4.35	\$4.85	\$4.00	\$5.00
DURATION						
1 Day	\$ 8.63	\$ 10.88	\$ 12.13	\$ 10.00	\$ 12.50	\$ 15.00
5 Days	22.43	28.28	31.53	26.00	32.50	39.00
10 Days	39.68	50.03	58.78	46.00	57.50	69.00
20 Days	74.18	93.53	104.28	86.00	107.50	129.00
30 Days	101.78	128.33	143.08	118.00	147.50	177.00
70 Days	212.18	267.53	298.28	246.00	307.50	369.00
120 Days	350.18	441.53	492.28	406.00	507.50	609.00
Hospital Days		Relative Value				
1st day		2.5				
2nd through 20th day		1.0				
21st through 120th day		.8				

## RADIOLOGICAL DIAGNOSTIC SERVICES

			TOTAL "FAMILY" ANNUAL INCOME	M-75 "SUBSCRIBER ONLY" INCOME
			BENEFITS IDENTICAL ALL CONTRACTS	BENEFITS IDENTICAL ALL CONTRACTS
UNIT VALUES USED			\$4.35	\$5.00
Procedure Code	DESCRIPTION	Relative Value		
7010	Mandible, regular	2.0	\$ 8.70	\$10.00
7012	Mastoids, regular	3.0	13.05	15.00
7015	Facial bones	3.0	13.05	15.00
7016	Nasal bones	2.0	8.70	10.00
7020	Paranasal sinuses, regular	3.5	15.23	17.50
7026	Skull, complete	4.0	17.40	20.00
7100	Single PA	2.0	8.70	10.00
7101	Chest with multiple views	3.0	13.05	15.00
7110	Ribs, hemithorax including PA chest	3.0	13.05	15.00
7204	Spine, cervical	3.0	13.05	15.00
7207	Spine, thoracic	3.0	13.05	15.00
7210	Spine, lumbosacral	3.5	15.23	17.50
7211	Spine, lumbosacral with obliques	4.0	17.40	20.00
7214	Spine, sacro-coccygeal	3.0	13.05	15.00
7217	Pelvis, including hips	2.5	10.88	12.50
7250	Clavicle	2.0	8.70	10.00
7252	Shoulder	3.0	13.05	15.00
7253	Humerus, including one joint	2.0	8.70	10.00
7254	Elbow	2.0	8.70	10.00
7255	Forearm, including one joint	2.0	8.70	10.00
7256	Wrist	2.0	8.70	10.00
7257	Hand, including wrist	2.0	8.70	10.00
7258	Fingers	1.5	6.53	7.50
7301	Hip, complete, multiple positions	4.0	17.40	20.00
7303	Femur, including one joint	3.0	13.05	15.00
7304	Knee	2.5	10.88	12.50
7305	Leg, including one joint	2.0	8.70	10.00



# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

		TOTAL "FAMILY" ANNUAL INCOME	M-75 "SUBSCRIBER ONLY" INCOME
		BENEFITS IDENTICAL ALL CONTRACTS	BENEFITS IDENTICAL ALL CONTRACTS
UNIT VALUES USED		\$4.35	\$5.00
Procedure Code	DESCRIPTION	Relative Value	
7306	Ankle .....	2.0	\$ 8.70
7307	Foot .....	2.0	8.70
7308	Toes .....	1.5	6.53
7350	Plain film study, not preceding gastro- intestinal combination .....	2.0	8.70
7358	Upper gastro-intestinal series .....	5.0	21.75
7359	Upper gastro-intestinal series with small bowel same day .....	7.0	30.45
7360	Colon by barium enema .....	5.0	21.75
7361	Barium enema with air contrast .....	6.0	26.10
7364	Cholecystography .....	4.0	17.40
7365	Cholangiography, operative or post- operative .....	5.0	21.75
7370	Kidney, ureter and bladder (abdomen plus detail view of renal areas).....	2.5	10.88
7372	Pyelography, intravenous .....	6.0	26.10
7373	Pyelography, retrograde .....	4.0	17.40
7375	Cystography .....	3.0	13.05
7380	Abdomen and pelvis, plain for fetus, AP and lateral .....	3.0	13.05
7383	Pelvicephalometry .....	5.0	21.75

## RADIOLOGICAL THERAPEUTIC SERVICES

### PROVEN MALIGNANCY OR TUMORS

Super Voltage Fees are 125% of Deep

Super Voltage Fees are 125% of Deep			TOTAL "FAMILY" ANNUAL INCOME		M-75 "SUBSCRIBER ONLY" INCOME	
			BENEFITS IDENTICAL ALL CONTRACTS		BENEFITS IDENTICAL ALL CONTRACTS	
UNIT VALUES USED			\$4.35		\$5.00	
Procedure Code	DESCRIPTION	Relative Value	DEEP	SUPER VOLTAGE	DEEP	SUPER VOLTAGE
7500	Brain, including pituitary.....	35.0	\$152.25	\$190.31	\$175.00	\$218.75
7508	Nasopharyngeal, combined .....	55.0	239.25	299.06	275.00	343.75
7520	Intrathoracic Malignancy .....	35.0	152.25	190.31	175.00	218.75
7532	Stomach .....	20.0	87.00	108.75	100.00	125.00
7550	Kidney .....	35.0	152.25	190.31	175.00	218.75
7573	Cervix, radium insertion .....	25.0	108.75	135.94	125.00	
7582	Peritoneum, to include entire abdomen.....	40.0	174.00	217.50	200.00	250.00
7592	Postoperative .....	35.0	152.25	190.31	175.00	218.75
7596	Recurrent, chest wall .....	15.0	65.25	81.56	75.00	93.75
7600	Primary .....	35.0	152.25	190.31	175.00	218.75
7610	Leukemia, maximum per annum .....	60.0	261.00	326.25	300.00	
	minimum per treatment .....	2.0	8.70	10.88	10.00	
7612	Hodgkins, maximum per annum .....	80.0	348.00	435.00	400.00	500.00
	minimum per treatment .....	2.0	8.70	10.88	10.00	12.50
7616	Spinal cord lesions .....	35.0	152.25	190.31	175.00	218.75
7620	Skin neoplasm up to three cm. diameter.....	15.0	65.25	81.56	75.00	
7626	Endocrine system, pituitary, adrenal .....	20.0	87.00	108.75	100.00	125.00

# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

## PATHOLOGICAL EXAMINATIONS

			TOTAL "FAMILY" ANNUAL INCOME		M-75 "SUBSCRIBER ONLY" INCOME	
			BENEFITS IDENTICAL ALL CONTRACTS		BENEFITS IDENTICAL ALL CONTRACTS	
UNIT VALUES USED			\$4.35		\$5.00	
Procedure Code	DESCRIPTION	Relative Value				
8602	Agglutinations, for febrile diseases, first antigen .....	0.6	\$	2.61	\$	3.00
8618	Blood Culture definitive .....	2.0		8.70		10.00
8620	Blood, red cell count .....	0.4		1.74		2.00
8641	Calcium .....	1.0		4.35		5.00
8681	Hematocrit .....	0.5		2.18		2.50
8726	Sugar .....	0.8		3.48		4.00
8800	Occult blood .....	0.4		1.74		2.00
8828	Chemical, acid, fractional, with histamine .....	2.0		8.70		10.00
8901	Surgical, gross only .....	1.0		4.35		5.00
8934	Complete routine (chemical and micro- scopic) .....	0.4		1.74		2.00
8950	Electroencephalogram .....	5.0		21.75		25.00
8956	Basal metabolic rate .....	1.5		6.53		7.50
8957	Electrocardiogram, with interpretation and report .....	3.0		13.05		15.00
8967	Urinary 17-ketosteroids .....	2.0		8.70		10.00

## CONSULTATION SERVICES

Procedure Code	DESCRIPTION	Relative Value	TOTAL "FAMILY" ANNUAL INCOME			M-75 "SUBSCRIBER ONLY" INCOME		
			Less Than \$2,500	\$2,500-\$4,999	\$5,000-\$6,499	"A"	"B"	"C" & "D"
			UNIT VALUES USED	\$3.45	\$4.35	\$4.85	\$4.00	\$5.00 \$6.00
026	Consultation for a given system not requiring complete examination—in patient .....	2.0	6.90	\$ 8.70	\$ 9.70	\$ 8.00	\$ 10.00	\$ 12.00
027	Consultation requiring complete examination—in patient .....	4.2	14.49	18.27	20.37	16.80	21.00	25.20

## TECHNICAL SURGICAL ASSISTANTS

UNIT VALUES USED			\$2.60	\$3.25	\$3.65	\$3.00	\$3.75	\$4.50
194	A fee for assistant, when eligible, to be placed at level of 15% of surgical fee, subject however, to minimum payments as follows: .....	6.0	\$ 15.60	\$ 19.50	\$ 21.90	\$ 18.00	\$ 22.50	\$ 27.00

September 25, 1960

## EXHIBIT-4

Unit Values Established by Medical Care Insurance Committee and Passed by the Council of the Michigan State Medical Society.

Unit Values When Expressed in Terms of Gross Family Annual Earnings

	Surgical & Anesthesia	Medical Care	X-Ray and Diagnostic Services
Less than \$2500 .....	\$2.60	\$3.45	\$4.35
\$2500-4999 (5000) .....	\$3.25	\$4.35	\$4.35
\$5000-6499 (6500) .....	\$3.65	\$4.85	\$4.35

THE SPEAKER: The report of Michigan Medical Service as printed, beginning on page 147 of the Handbook, including the supplemental report that Dr. McKean just gave will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

## XI. SELECTION OF MICHIGAN'S FOREMOST FAMILY PHYSICIAN

THE SPEAKER: I will appoint Dr. Wunch as Chief Teller, Dr. Vanden Berg and Dr. Stander for any balloting that occurs during this session.

HAROLD A. FURLONG, M.D. [Oakland]: We would like to supplement the material appearing in the biography of Dr. George Raynale of Oakland County.

We would like to impress upon the House of Delegates that Dr. Raynale is the third member of a family to serve Oakland County over a period of 132 years—122 of those years have been by the family at Birmingham. We think that that is a very unusual record. Starting back when Michigan was a wilderness, the first Raynale came to Traverse City, Mich. There he was the postmaster. He was a state Senator and a member of the Constitutional Convention that set up the Constitution for the State of Michigan.

He moved to Birmingham in 1838, established a home there, raised a second Raynale that graduated in the first class of the old Detroit Medical College in 1869, went back to Birmingham and practiced with his father where the present George P. Raynale was born in 1880, and since that time Dr. Raynale for 58 years has served the people of Birmingham and of Oakland County with every tradition of the true family physician.

Oakland County is very proud to present to the House of Delegates the name of George P. Raynale as a candidate for selection as Michigan's Foremost Family Physician for 1960. Thank you.

GREGORY P. MOORE, M.D. [Wexford-Missaukee]: I should like to say in addition to the Grand Traverse-Leelanau-Benzie Society which is sponsoring Dr. Thirlby, that he has the enthusiastic support of the members of the various counties in surrounding areas.

Many of us have known Dr. Thirlby for a good many years, and we are heartily in favor of his nomination.

One of the nicest things which Dr. Thirlby has done is to establish, along with Dr. Coller and Dr. Penberthy, the annual clinic which is held in July of each year in Traverse City. Dr. Coller and Dr. Penberthy have attended regularly until the death of the latter. Dr. Thirlby has always been enthusiastic in his promotion, and I might say that in this connection when he served as benefactor this actually included material provision of the meeting place, food and refreshments, and yet I am certain that I may speak freely in behalf of all those who know him when I state that he did this, not for personal or material or professional gain, but because of his sincere interest in medicine and those who practice it.

He has been prominent in civic affairs in many ways. In 1953 a community celebration was attended by several hundred friends and well-wishers honoring his fifty years of practice and service to the Grand Traverse area. Through his daily example and encouragement he has been a determining factor in the high standard of medical care now enjoyed by the Traverse region. He was one of the first to establish group practice. One of the physicians who is now associated with him is the delegate from this area, and were it not for that connection, no doubt he would be here making this nomination.

For these many varied and substantial reasons the Grand Traverse-Leelanau-Benzie Society as well as adjacent county societies proudly present for your consideration as Michigan's Foremost Family Physician of the Year, the name of Edward L. Thirlby. Thank you.

JOHN W. RICE, M.D. [Jackson]: Mr. Speaker, down the road about 75 miles on toward Chicago there is a whistle stop called "Jackson." It has been so long since Jackson has received any honors from the state society we have almost forgotten there is a state society, and you fellows have almost forgotten about us.

In 1948, Traverse City had a president of the state society. In 1951, Birmingham had a president of the state society. Jackson hasn't had a thing.

We have a real good candidate for the Foremost Fam-

ily Physician. His name is C. D. Munro, and he is 90 years old. He is the oldest one of these three candidates. He is still in the practice of medicine, and he belongs to every doctor in Jackson County. We appeal for him. He is that kind of a guy. He has no enemies, believe me. I have known him all my life since I got out of high school. I have never heard anyone say a bitter thing about C. D. Munro. He is a gentleman from the word go.

He started in Jackson County, City of Jackson, in 1900. He was one of the charter members of the medical society there. He has been practicing there ever since. He was in the Army from 1917 to 1919. He has been a FACS since 1931, and he has a son practicing medicine in Jackson now, Nate Munro.

I certainly would like to have you vote for C. D. Munro, our candidate from Jackson.

[The ballots were cast and the tellers collected the ballots.]

We have the result of the balloting on Michigan's Foremost Family Physician. The winner, Doctor Thirlby.

Doctor Thirlby will be promptly notified of this honor, and we expect him to appear at some subsequent session of a meeting of the House.

HOMER A. HOWES, M.D. [Wayne]:

It is a great pleasure to introduce the medical students from the Medical Schools, from the University of Michigan and Wayne State University.

We have with us this morning three each from the senior class and three from the junior class. I will call out the names, and each one will stand.

PAT CARRIER, a senior from Three Rivers

DAVID DREW, a senior from Loveland, Colorado

DAVID TUBERGEN, a senior from Grand Rapids

Senior class representatives from Wayne State University College of Medicine:

JOSEPH LHOI of Detroit

FRED SALAMON of Oak Park

JOHN C. RIENSTRA of Grand Rapids

The junior class representatives from the University of Michigan:

JOHN BALOG of Detroit

JOHN SIHORSKI of Detroit

CLIFF W. COLWELL of Flint

And the junior class representatives from Wayne:

DRAKE DUANE of Detroit

BRUCE DYBURZ of Detroit

STEVE GEORGIU of Detroit

Also present is Thomas Schenk of St. Clair Shores.

THE SPEAKER:

The House of Delegates welcomes these young men to this session. I would like to say to them that they have freedom of movement at all the Reference Committees.

## XII. RESOLUTIONS AND MOTIONS

W. CLARENCE BEETS, M.D. [Kent]:

Resolution No. 1

Introduced by Kent County Medical Society Resolutions Committee

### XII-1. MEDICAL CARE STUDY COMMITTEE

Whereas, twenty years ago, the Michigan State Medical Society embarked on a social experiment of prepaid insurance for medical services for low income groups, and

Whereas, the following social and economic changes in the United States and specifically the State of Michigan, having influenced this program are:

1. Changing concepts of responsibility in "cradle to grave" care.

2. Inflation and higher cost of living.

3. Acceptance of principles of prepaid medical insurance by buying public.

4. Increasing popularity of medical services due to availability.

5. Increasing popularity due to advances in medical science.

6. Increasing usage of prepaid medical services by "labor" as fringe benefits.

7. Widening scope of governmental agencies in medical services, and

Whereas, these facts have continually expanded and there is little likelihood of their regressing, and

Whereas, this has projected the medical profession into the complexities of the business world, and

Whereas, this has caused many divergent opinions and conflicting views amongst physicians which has kept the development of prepaid plans several years behind the demands of labor, industry and general public, and

Whereas, physicians and the Michigan Medical Service have sacrificed economically and socially by:

1. Not being able to acquire sufficient premiums to cover usage,

2. Increased fees comparable to cost of living index,

3. Public relations and prestige, therefore be it

**RESOLVED:** That the Michigan State Medical Society appoint a committee to extensively study by whatever and all means available:

1. The projected needs and likely demands on medical services during the next 15 years.

2. To study the feasibility and advise whether or not the Michigan State Medical Society under these projected needs carry on a prepaid medical insurance program.

3. If so, whether this is to be a limited so-called "service" program or more.

4. Recommend as to the best means to achieve this goal, and be it further

**RESOLVED:** That the study be completed no later than the 1962 meeting of the House of Delegates.

**THE SPEAKER:** This resolution as slightly amended will be referred to the Resolutions Committee.

THOMAS J. DILLON, M.D. [Van Buren]:  
Resolution No. 2

Introduced by Van Buren County Medical Society  
Legislation and Public Relations Committee

## XII-2. ELECTION CAMPAIGNS

Whereas, the Michigan State Medical Society has firmly gone on record that political medicine is bad for you and is bad for the nation, and

Whereas, any compromise with the proponents of political medicine is partial surrender of American heritage, and

Whereas, the Forand Bill or similar legislation is an introduction of political medicine and another step in bureaucratic control of independent thought in medical care, and

Whereas, the most important step in gaining control of a nation is control of the health matters of that nation as so stated by the founders of communism, and

Whereas, it therefore follows that any individual Senator, Representative or other selected or hired office holder as a proponent of such an idea, either in state or national office is bad for the nation, therefore be it

**RESOLVED:** That we go on record to individually work towards the defeat of these state and national candidates who either through political expediency or through conscious or subconscious desire to gain power are promulgating these socialistic and foreign ideas into our American heritage.

**THE SPEAKER:** This resolution will be referred to Legislation and Public Relations.

ROSS V. TAYLOR, M.D. [Jackson]:  
Resolution No. 3

Introduced by Jackson County Medical Society  
Medical Service and Prepayment Insurance Committee

## XII-3. DESCRIPTIVE CODING OF MEDICAL SERVICES

Whereas, there is an increasing utilization of, and therefore need for, detailed descriptive coding or listings of the services offered in medical care, and

Whereas, these descriptive codings may be used as the basis of contractual negotiations between the Michigan State Medical Society and various state and national governmental agencies as well as various prepayment plans of medical care, including Michigan Medical Service, and

Whereas, to date, there has been inadequate descriptive coding of the varied and numerous nonsurgical services of medical care, and

Whereas, the lack of adequate descriptive coding of nonsurgical services of medical care will cause a deterioration in the quality and availability of such medical services unless they are satisfactorily coded and included in all listings of medical services, therefore be it

**RESOLVED:** That the Michigan State Medical Society immediately study and develop more detailed codings of the non-surgical services of medical care based on the diagnosis and treatment of the ailment and comparable in detail to existing codings of surgical services, and to include home, hospital, and office procedures, and be it further

**RESOLVED:** That the detailed codings of non-surgical services, home, hospital and office as soon as developed, shall be incorporated and used as the basis of the description of such services in all negotiations with state or national governmental agencies and all prepayment insurance plans involved in supplying medical service, or the reimbursement of costs of medical care, and be it further

**RESOLVED:** That the Michigan State Medical Society shall establish a means of continuing study of the adequate detailed coding of all medical care so that new procedures and additional descriptions both surgical and nonsurgical may be coded and more quickly incorporated into all schedules which depend on such descriptive coding for the supplying of reimbursement of costs of medical care.

**THE SPEAKER:** This will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

WILLIAM F. BUCHANAN, M.D. [Genesee]:  
Resolution No. 4

Introduced by Genesee County Medical Society  
Medical Service and Prepayment Insurance Committee

## XII-4. BLUE SHIELD POLICY

Whereas, the individual members of the Genesee County Medical Society have been requested at various times by members of the Professional Relations Committee of Blue Shield to point out its failures and mistakes, and

Whereas, the Genesee County Medical Society as a large component of the State Society servicing more Blue Shield subscribers per capita than any other county, wishes to state our position in relation to Blue Shield, and

Whereas, this resolution was adopted by the Genesee County Medical Society at its regular meeting on September 8, 1960 and respectfully submitted to the delegates of the Michigan State Medical Society, and

Whereas, direct patient-physician relationship without third party intervention has given the people of this county the highest type of medical service, and

Whereas, the Committee for Evaluation has studied this problem thoroughly and made definite recommendation, and

Whereas, the Genesee County Medical Society has always believed in the principle of prepayment medical insurance on a partial indemnity basis, but not in the form

of fee for services, which the Genesee County Medical Society believes is self-socialization, and

Whereas, we are opposed to any intermediate that imposes restrictions or regulations on either the doctor or patient by a third party, and

Whereas, the Genesee County Medical Society has never opposed prepaid health insurance on a partial indemnity basis and the members of the Society have always cooperated with any insurance company, including Michigan Medical Service, so long as that company did not violate the principles as stated above, and

Whereas, the Genesee County Medical Society is cognizant of the mandatory high cost to the subscriber and continually rising premiums as additional benefits are being added, and

Whereas, under the present system the patient finds it to their financial advantage and convenience to be cared for in hospital beds and especially the emergency room, and

Whereas, there are many people who find it expedient to criticize the medical profession for so-called over-utilization, and

Whereas, the Insurance Commissioner's report of June 15, 1960 relative to the raising of premiums to Blue Shield subscribers shows that medical services rendered under the present Blue Shield system are under governmental and/or political control, and

Whereas, other states have partial indemnity policies, therefore be it

**RESOLVED:** That Genesee County Medical Society firmly believes that prepayment health insurance on a partial indemnity or deductible basis should be adopted throughout the State of Michigan, and be it further

**RESOLVED:** That the Genesee County Medical Society endorse the report of the Committee for Evaluation and recommend its adoption, and be it further

**RESOLVED:** That Genesee County Medical Society believes that failure of the House of Delegates to act on the above decisions, and failure to exercise the above-mentioned recommendations, will mean frequent stop gap changes to appease the public and powerful pressure groups (to keep Blue Shield solvent) thereby leading to chaos, and finally in desperation, to a request from misguided public and a frustrated profession, for full government control of medical practice.

**THE SPEAKER:** This resolution will be referred to the Medical Service and Prepayment Insurance.

PAUL T. LAHTI, M.D. [Oakland]:

Resolution No. 5

Introduced by Oakland County Medical Society  
Miscellaneous Business Committee

## XII-5. LOAN FUND FOR NEW PHYSICIANS

Whereas, some physicians in Michigan on completing their internship or residency, need financial help to establish themselves in the private practice of medicine, and

Whereas, this lack of funds may encourage some physicians to accept panel type of practice rather than private practice, therefore be it

**RESOLVED:** That the Michigan State Medical Society make funds available at a low interest rate to such physicians beginning private practice in Michigan.

**THE SPEAKER:** This resolution will be referred to Miscellaneous Business.

ROBERT M. BOOKMYER, M.D. [Oakland]:

Resolution No. 6

Introduced by Oakland County Medical Society  
Medical Service and Prepayment Insurance Committee

JANUARY, 1961

## XII-6. HOSPITAL EMERGENCY CARE

Whereas, hospital emergency room care of non-emergency patients has grown at an alarming rate, and

Whereas, these patients are seen by interns and residents, and

Whereas, such care constitutes the practice of medicine by the hospital, and

Whereas, the trend toward hospital emergency room clinic practice is being fostered by prepayment plans which do not pay for the same service when rendered in the private doctor's office, therefore be it

**RESOLVED:** That the Michigan State Medical Society undertake a study to develop means whereby such "emergency care" can be carried out within the framework of the private practice of medicine, and be it further

**RESOLVED:** That the Michigan State Medical Society recommend to the Michigan Hospital Service that it discontinue the practice of paying for routine clinic care in hospital emergency rooms.

**THE SPEAKER:** This resolution will be referred to the Reference Committee on Medical Service and Prepayment.

ROBERT M. STOW, M.D. [Ingham]:

Resolution No. 7

Introduced by Ingham County Medical Society  
Legislation and Public Relations Committee

## XII-7. REPEAL BASIC SCIENCE LAW

Whereas, the original purpose of basic science laws was to exclude from licensure inadequately trained practitioners, and

Whereas, Act No. 59 of the Public Acts of 1937 of the State of Michigan, usually called the Basic Science Law, has failed in this purpose, and

Whereas, the Basic Science Law is a major factor in causing Michigan's critical shortage of Doctors of Medicine, therefore be it

**RESOLVED:** That the House of Delegates of the Michigan State Medical Society go on record as favoring repeal of the Basic Science Law, and be it further

**RESOLVED:** That the Council of the Michigan State Medical Society be instructed to have legislation to accomplish this repeal introduced into the Legislature of the State of Michigan during its 1961 session and to vigorously press for repeal of the Basic Science Law.

**THE SPEAKER:** This will be referred to the Reference Committee on Legislation and Public Relations.

R. WALLACE TEED, M.D. [Washtenaw]:

Resolution No. 8

Introduced by Washtenaw County Medical Society  
Legislation and Public Relations Committee

## XII-8. WAGES OF NURSES

Whereas, the annual income of registered nurses is less than that received by women in other activities such as teaching, and

Whereas, women in fields requiring less preparation often receive higher salaries, and

Whereas, there has been developing a shortage of trained nurses in recent years largely due to low salaries of nurses, and

Whereas, recruitment of young women for nursing training is becoming difficult because wages and salaries are higher in other areas of employment, therefore be it

**RESOLVED:** That the House of Delegates of the



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Michigan State Medical Society go on record as favoring an increase in salaries for registered nurses.

R. WALLACE TEED, M.D. [Washtenaw]:  
Resolution No. 9  
Introduced by Washtenaw County Medical Society  
Legislation and Public Relations Committee

### XII—9. NURSES TRAINING PROGRAM

Whereas, there has been a tendency in recent years for schools of nursing to emphasize academic training and the receipt of academic degrees, and

Whereas, there has been a concomitant shortage in the supply of trained nurses to carry on the operation of hospitals, and

Whereas, the training of practical nurses has been instituted as a stopgap procedure, therefore be it

RESOLVED: That schools of nursing be encouraged to study all aspects of the problem of the nursing shortage, to the end that there may be available for patient care more nurses trained in the practical aspects of nursing.

THE SPEAKER: Resolutions No. 8 and 9 will be referred to the Reference Committee on Legislation and Public Relations.

JOHN R. HEIDENREICH, M.D. [Menominee]:  
Resolution No. 10  
Introduced by Menominee County Medical Society  
Constitution and Bylaws Committee

### XII—10. POSTGRADUATE MEDICAL EDUCATION COMMITTEE MEMBERSHIP

Whereas, a resolution calling for the reduction from thirteen to seven members, including the chairman, on the Committee on Postgraduate Medical Education, has been introduced by the House of Delegates Reference Committee, and tabled until the 1960 session of the House, and

Whereas, the successful functioning of the committee since 1927 and recent extensive discussions indicate the need of the present membership to provide wide geographic and educational representation for the purpose of planning and implementing postgraduate medical education programs to meet the needs and desires of the state profession as recipients of postgraduate medical education, and

Whereas, there is indicated agreement that the committee should not be reduced in the number of membership so that broad representation and needed advice may be continued, therefore be it

RESOLVED: That the Committee on Postgraduate Medical Education should consist of a chairman in addition to twelve members; that the chairman should be the director of the department of postgraduate medicine at one of the medical schools in the state; that among the members should be included the heads of the Department of Postgraduate Medical Education for each of Michigan's schools of medicine; and be it further

RESOLVED: That the deans of each medical school, the past chairman of the Committee on Postgraduate Medical Education, and a representative of the Michigan Department of Health should be invited to serve in an advisory capacity; and be it further

RESOLVED: That four of the twelve members should be appointed each year to serve for a three-year term.

THE SPEAKER: This Resolution will be referred to the Committee on Constitution and Bylaws.

DAVID A. BOWMAN, M.D. [Bay-Arenac-Iosco]:  
Resolution No. 11  
Introduced by Bay-Arenac-Iosco County Medical Society  
Constitution and Bylaws Committee

### XII—11. MICHIGAN STATE MEDICAL SOCIETY COUNCILORS—MEMBERS OF HOUSE OF DELEGATES

Whereas, the Michigan State Medical Society House of Delegates Committee to study the Election of Councilors on a geographic basis and the status of Councilors as voting members of the House of Delegates recommends that Michigan State Medical Society Councilors be made members of the House of Delegates at large with the right to vote, therefore be it

RESOLVED: That Chapter 9, Section 1 of the Michigan State Medical Society Bylaws be amended by adding the words "and Councilors" after the word "societies" in the first sentence, and be it further

RESOLVED: That Chapter 9, Section 2 of the Michigan State Medical Society Bylaws be amended so that the first sentence will read: "Officers of this state society shall be ex officio members at large of the House of Delegates, with the privilege of the floor, but of these, only the Councilors and the Speaker and Vice Speaker of the House of Delegates shall have the power to vote in the House of Delegates," and be it further

RESOLVED: That Chapter 10, Section 2 of the Michigan State Medical Society Bylaws be amended by adding the following: "He shall serve as delegate at large in the House of Delegates."

DAVID A. BOWMAN, M.D. [Bay-Arenac-Iosco]:  
Resolution No. 12  
Introduced by Bay-Arenac-Iosco County Medical Society  
Constitution and Bylaws Committee

### XII—12. MICHIGAN STATE MEDICAL SOCIETY COUNCILORS—ELECTIONS

Whereas, the Michigan State Medical Society House of Delegates Committee to Study the Election of Councilors on a geographic basis and the status of Councilors as voting members of the House of Delegates recommends that Councilors be selected by popular vote in their districts, therefore be it

RESOLVED: That Chapter 9, Section 10(g) of the Michigan State Medical Society Bylaws be amended to read as follows: "(g) It shall name the Councilors upon the election of same by the members of the Councilor District whose Councilor's term expires, or by the delegates of the district in the event a vacancy occurs during an annual session, as hereinafter provided.

"In every district whose Councilor's term is to expire at the time of the annual session the Secretary of the state society shall, under the direction of The Council, solicit nominations for the office from the members of the district, conduct a general mail ballot of the members on the nominations, and report the results of the same to the House of Delegates.

"The House of Delegates shall certify the results of the balloting and upon a determination of the majority vote of the members of the district, shall declare the winner to be the Councilor for the ensuing term.

"If a vacancy in The Council occurs during an annual session of the Michigan State Medical Society the delegates of the component county societies will be given time in which to elect a successor to serve the remainder of the term."

DAVID A. BOWMAN, M.D. [Bay-Arenac-Iosco]:  
Resolution No. 13  
Introduced by Bay-Arenac-Iosco County Medical Society  
Constitution and Bylaws Committee

**XII—13. MICHIGAN STATE MEDICAL SOCIETY COUNCILORS—TERM OF OFFICE**

Whereas, the Michigan State Medical Society House of Delegates Committee to Study the Election of Councilors on a geographic basis and the status of Councilors as voting members of the House of Delegates recommends that the term of office of MSMS Councilors be three years with the privilege of re-election, it being intended that the terms of office of present Councilors should not be affected, therefore be it

**RESOLVED:** That Chapter 12, Section 1 of the Michigan State Medical Society Bylaws be amended so that the second sentence will read: "They shall serve until the next annual session provided that Councilors elected prior to 1960 shall serve for five years, but Councilors elected in 1960 and after shall serve for three years (and provided that not more than eight Councilor terms shall expire normally at any annual session); provided further that delegates to the American Medical Association shall serve for two years; provided further that not more than four delegates to the American Medical Association shall be elected in any one year."

**THE SPEAKER:** These three resolutions will be referred to the Reference Committee on Constitution and Bylaws.

LOUIS J. BAILEY, M.D. [Wayne]:  
Resolution No. 14  
Introduced by Wayne County Medical Society  
Constitution and Bylaws Committee

**XII—14. PETITION FOR REVOCATION OF CHARTER: CLARIFICATION OF MICHIGAN STATE MEDICAL SOCIETY BYLAWS**

Whereas, Chapter 1, Section 2 is in one small particular ambiguous, therefore be it

**RESOLVED:** That Chapter 1, Section 2 be changed to read in its second sentence:

From: "Petition for the revocation of charter of any component county society may be filed with The Council by a Councilor of the district within which each society is located," and so forth.

To: "Petition for the revocation of charter of any component county society may be filed with The Council by a Councilor of the district within which such society is located," and so forth.

**THE SPEAKER:** This resolution will be referred to the Reference Committee on Constitution and Bylaws.

JACK ROM, M.D. [Wayne]:  
Resolution No. 15  
Introduced by Wayne County Medical Society  
Miscellaneous Business Committee

**XII—15. RENAME MICHIGAN STATE MEDICAL SOCIETY SECTION ON MEDICINE**

Whereas, the interests of many specialty and sub-special groups are represented by the Section on Medicine of Michigan State Medical Society, and

Whereas, the designation "Medicine" is ambiguous and subject to misinterpretation, therefore be it

**RESOLVED:** That the name "Section of Medicine" be changed to "Section on Internal Medicine."

**THE SPEAKER:** This will be referred to the Committee on Miscellaneous Business.

GEORGE J. MORIARTY, M.D. [Wayne]:  
Resolution No. 16  
Introduced by Wayne County Medical Society  
Miscellaneous Business Committee

JANUARY, 1961

**XII—16. UNIFORM TRANSFER OF MEMBERSHIP**

Whereas, there is a lack of uniformity in procedure for transfer of membership from one county and state society to another, and

Whereas, the financial arrangements for proration of dues between county and state societies are not of a uniform nature, and

Whereas, this has created some difficulties in the transfer of membership, particularly from one state to another, therefore be it

**RESOLVED:** That national uniform procedures for transfer of membership be adopted, and be it further

**RESOLVED:** That the Michigan delegates of the American Medical Association be urged to present this resolution at the next meeting of the American Medical Association House of Delegates.

**THE SPEAKER:** It will be referred to the Committee on Miscellaneous Business.

RALPH A. JOHNSON, M.D. [Wayne]:  
Resolution No. 17  
Introduced by Wayne County Medical Society  
Resolutions Committee

**XII—17. APPOINTMENT OF MICHIGAN STATE MEDICAL SOCIETY HISTORIAN**

Whereas, it would be to the best interest of the Michigan State Medical Society to have a historical record of its distinguished past and distinguished future, therefore be it

**RESOLVED:** That the House of Delegates request The Council to appoint a historian for the Michigan State Medical Society.

**THE SPEAKER:** This has been referred to the Committee on Resolutions.

LOUIS J. BAILEY, M.D. [Wayne]:  
Resolution No. 18  
Introduced by Wayne County Medical Society  
Constitution and Bylaws Committee

**XII—18. CONSISTENCY OF COUNTY—MSMS BYLAWS**

Whereas, reasonable autonomy is to be given to each component medical society, and

Whereas, certain variations in conduct of their business is to be expected because of differences in size, dispersion of members and the closeness of personal contact between members, and

Whereas, some tendency has been apparent within county societies to fear the slightest deviation from the exact wording of the Constitution and Bylaws of the Michigan State Medical Society, therefore be it

**RESOLVED:** That Chapter 1, Section 1 of the Bylaws of the Michigan State Medical Society be changed:

From: "The charter of each component County Society shall require that each of the provisions of the Constitution and Bylaws of the Michigan State Medical Society, together with each amendment to either thereof, hereafter adopted, in so far as the same is applicable, shall be an integral part of the Constitution and Bylaws of the component county society to which a charter is issued and shall in no way be inconsistent with the Constitution and Bylaws of the Michigan State Medical Society. Each charter shall be authorized by the House of Delegates and signed by the President and the Secretary of this Michigan State Medical Society."

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To: "The charter of each component county society shall be authorized by the House of Delegates and signed by the President and Secretary of this Michigan State Medical Society. Each component society shall require that the provisions of its Constitution and Bylaws shall be consistent with the Constitution and Bylaws of the Michigan State Medical Society together with any amendments hereafter adopted, in so far as the same is applicable."

THE SPEAKER: This will be referred to the Reference Committee on Constitution and Bylaws.

LOUIS J. BAILEY, M.D. [Wayne]: This Resolution also has to do with Councilor districts.

### XII-44. COUNCILOR DISTRICTS

Whereas, The Council of the Michigan State Medical Society is the executive body of the Society; and

Whereas, it acts for the Society as a whole and for the House of Delegates between sessions; and

Whereas, it is essentially in these capacities an unicameral legislative body, the composition of which should bear some relationship in its apportionment to the composition of the House of Delegates for which it acts; and

Whereas, reappointment of the Council districts with growth of population is unwieldy; therefore be it

RESOLVED: That Article X, Section 1 of the Constitution of the Michigan State Medical Society be amended in its second sentence: From: "It shall consist of one Councilor from each Councilor district," and so forth;

To: "It shall consist of one Councilor from each Councilor district or one Councilor for each ten delegates when the number of delegates from a district exceeds ten," and so forth, and be it further

RESOLVED: That Chapter X, Section 12 of the Bylaws of the Michigan State Medical Society be amended to delete the Sixteenth, Seventeenth and Eighteenth Districts now allotted to Wayne County.

THE SPEAKER: This Resolution will be referred to the Reference Committee on Constitution and Bylaws.

RALPH R. COOPER, M.D. [Wayne]:  
Resolution No. 19  
Introduced by Wayne County Medical Society  
Resolutions Committee

### XII-19. MSMS COUNCILORS HOLDING TWO POSITIONS

Whereas, there may be a conflict of interest between the doctors of medicine and Michigan Medical Service, and

Whereas, in the past, members have served as directors of Michigan Medical Service while serving as Councilors of the Michigan State Medical Society, therefore be it

RESOLVED: The members of The Council of the Michigan State Medical Society should not hold simultaneous Board Membership in Michigan Medical Service.

THE SPEAKER: This has been referred to the Committee on Resolutions.

Resolution No. 20 regarding Election of Secretary by the Michigan State Medical Society. This actually was Resolution No. 44 of the 1959 House of Delegates and is an amendment to the Constitution and was laid over for one year. So Resolution No. 20 will be automatically referred to the Constitution and Bylaws Reference Committee.

Resolution No. 20  
(Resolution No. 44, 1959 Session)  
Constitution and Bylaws Committee

### XII-20. ELECTION OF MSMS SECRETARY

Whereas, The Council of the Michigan State Medical Society is empowered to act on behalf of the Society in the interim between sessions of the House of Delegates, and

Whereas, each Council member should be elected by the delegates who are the elected representatives of the membership, and

Whereas, the Secretary who is a member of the Executive Committee of The Council is elected by The Council, therefore be it

RESOLVED: That the Secretary be elected annually by the House of Delegates, and be it further

RESOLVED: That Article X, Section 1 of the Constitution be amended by striking out after Secretary and Treasurer, the following "the last two being elected by the foregoing," and be it further

RESOLVED: That provisions of Article XII, Section 1 of the Constitution be implemented as provided.

THE SPEAKER: Resolution 21 having to do with the Election of Treasurer also was Resolution No. 45 of the 1959 House. It is an amendment to the Constitution and was laid over for one year. This is referred to the Committee on Constitution and Bylaws.

Resolution No. 21  
(Resolution No. 45, 1959 Session)  
Constitution and Bylaws Committee

### XII-21. ELECTION OF MSMS TREASURER

Whereas, The Council of the Michigan State Medical Society is empowered to act on behalf of the Society in the interim between sessions of the House of Delegates, and

Whereas, each Council member should be elected by the delegates who are the elected representatives of the membership, and

Whereas, the Treasurer, who is a member of the Executive Committee of The Council is elected by The Council, therefore be it

RESOLVED: That the Treasurer be elected annually by the House of Delegates, and be it further

RESOLVED: That Article X, Section 1 of the Constitution be amended by striking out after Secretary and Treasurer, the following "the last two being elected by the foregoing," and be it further

RESOLVED: That provisions of Article XII, Section 1 of the Constitution be implemented as provided.

THE SPEAKER: Resolution No. 22 having to do with the membership of the Committee on Postgraduate Medical Education was Resolution No. 51 of the 1959 House of Delegates. This was an amendment to the Bylaws, but by a motion was tabled for one year, and now automatically is referred to the Committee on Constitution and Bylaws.

Resolution No. 22  
(Resolution No. 51, 1959 Session)  
Constitution and Bylaws Committee

### XII-22. COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION

Whereas, the report of the Committee on Committees has recommended to the Society that streamlining of the Committee structure of the Society be accomplished, therefore be it

RESOLVED: That the following changes be made in Chapter 11, Section 2 of the Bylaws concerning the Committee on Postgraduate Medical Education to wit: "The Committee on Postgraduate Medical Education shall consist of seven members including the chairman with the

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deans of two medical schools acting in an advisory capacity. Each member of this committee is to serve for a four-year term so staggered that not more than two members are selected annually and so that no member shall serve more than two consecutive terms."

THE SPEAKER: Resolution No. 23 regarding the Voting Power of Secretary and Treasurer of Michigan State Medical Society is an amendment to the Constitution and was Resolution No. 52 of the 1959 House of Delegates. This resolution will be referred to the Constitution and Bylaws Committee.

Resolution No. 23  
(Resolution No. 52, 1959 Session)  
Constitution and Bylaws Committee

#### XII—23. VOTING POWER OF SECRETARY AND TREASURER OF MSMS

Whereas, the nature of the positions of Secretary and Treasurer in the Michigan State Medical Society is such that continuity of service is desirable, and

Whereas, it would be to the disadvantage of the Michigan State Medical Society to change these officers frequently, and

Whereas, the Secretary and Treasurer of the Michigan State Medical Society are not directly elected by the members of the House of Delegates, therefore be it

RESOLVED: That the Constitution of the Michigan State Medical Society be amended by the addition of Section 3 to Article X reading: "The Secretary and Treasurer shall not be entitled to vote while serving on The Council of the medical society or the Executive Committee of The Council."

R. WALLACE TEED, M.D. [Washtenaw]:  
Resolution No. 24  
Introduced by Washtenaw County Medical Society  
Miscellaneous Business Committee

#### XII—24. EMPLOYEE RECOGNITION

Whereas, it is a common practice among associations and in industry to recognize long and faithful services of employees, and

Whereas, the Michigan State Medical Society enjoyed a continuity of service from an unusually high percentage of its employees and has profited thereby, and

Whereas, recognition of salutary services of these employees will add to the esprit de corps of all employed personnel if such recognition is established on a permanent basis for all levels of employment, therefore be it

RESOLVED: That the Council of the Michigan State Medical Society be authorized to cause insignia to be designed specifying the number of years of service in MSMS employment and that this insignia be given to its employees accompanied on anniversary dates of five-year intervals by a gift of \$10 for each year of service and that these awards be publicly presented upon proper occasions, and be it further

RESOLVED: That this system of awards be established beginning with the conclusion of the calendar year of 1960 and recognize service prior to and including that date to the nearest anniversary of employment.

THE SPEAKER: This resolution will be referred to the Committee on Miscellaneous Business.

G. B. SALTONSTALL, M.D. [Delegate at Large]:  
Resolution No. 25  
Introduced by G. B. Saltonstall, M.D.  
Legislation and Public Relations Committee

#### XII—25. THE INSTITUTING OF A PRESIDENTS PROGRAM

Whereas, the challenge of today to the medical profession is to revitalize the unique power of the individual doctor to serve the whole person in sickness and in health, and

Whereas, to gain maximum benefit from the monumental gains of modern medical research it is necessary that the research findings be applied at the earliest opportunity to the maximum number of persons who could benefit by these new drugs, treatments, techniques or concepts of medical and health care and

Whereas, the medical profession wishes to join with those segments of the public which are primarily concerned with health (as well as with all persons or groups who can make effective contributions to the general public health), as partners in a single, well-defined health program, and

Whereas the Michigan State Medical Society which has pointed with pride over the past 95 years to separate individual "firsts" in medically-oriented activity, can now evidence the same willingness to serve the public interest by offering its leadership in a single, well-conceived and executed, integrated program, therefore be it

RESOLVED: That a five-year project be inaugurated by the Michigan State Medical Society specifically designed to utilize to the fullest extent:

A. The capabilities and knowledge of its individual members as leaders,

B. The facilities of its new headquarters as a "Campaign Control Center" and

C. Its staff and resources as communicating and coordinating services toward the end of expediting plans which will (Reference Committee added these words) hope to:

1. Result in an increase of five years in the general life expectancy of the people of Michigan, said increase to be accomplished (the word "accomplished" was changed to "attempted" by the Reference Committee) over the period of time beginning in September 1960 and concluding in September 1965 (the 100th anniversary of the Michigan State Medical Society), and

2. Increase the potential productivity and usefulness of those additional five years of life; and be it further

RESOLVED: That to accomplish this goal the Council of the Michigan State Medical Society be empowered and urged to:

A. Seek the advices, aid and assistance of all members of the Michigan State Medical Society, as well as all related sciences, and the enthusiastic support of its county and district medical societies,

B. Support all reasonable efforts to place the latest developments of research into the armamentarium of the doctors of medicine of Michigan at the earliest possible date,

C. Request the assistance of and coordinate its work and recommendations with those qualified voluntary and governmental agencies to gain a maximum amount of progress toward the goal with a minimum of duplication of effort; and be it further

RESOLVED: That this effort be carried out at the top level of organizational work and to that end this project be headed (the word "headed" was changed to "promoted" by the Reference Committee) by each succeeding President of the Michigan State Medical Society during the next five years who will work in conjunction with the titular heads of all other pertinent organizations; and be it further

RESOLVED: That this project be known as the Presidents Program.

THE SPEAKER: This resolution will be referred to the Committee on Legislation and Public Relations.

THE SPEAKER: Resolutions No. 25 through No. 38 will be referred to the Committee on Legislation and Public Relations.

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JOSEPH G. MOLNER, M.D. [Wayne]:

Resolution No. 26

Introduced by G. B. Saltonstall, M.D.

Co-introduced by J. G. Molner, M.D., of Wayne County Medical Society

Legislation and Public Relations Committee

**XII—26. PRESIDENTS PROGRAM: PUBLIC HEALTH, FULL TIME LOCAL UNITS**

Whereas, adequate Public Health facilities and personnel at local, state and national levels are vital to the health of the people, and

Whereas, all areas of Michigan are not served by full time local health departments, and

Whereas, many lives can be saved and much disease prevented by improvement of sanitation, halting of the spread of infectious disease, adequate health screening of migrant workers, widespread health education and other essential health services; therefore be it

RESOLVED: That the President's Program of the Michigan State Medical Society include an effort to promote the securing of complete coverage of this state by full time local health departments, and be it further

RESOLVED: That the assistance of the following named groups, as well as any others of like mind, be sought in the gaining of the desired end:

The Michigan Department of Health  
The Michigan Association of Health Officers  
The Michigan Public Health Association  
The Michigan Health Council  
The Michigan State Dental Association  
The Michigan State Association of Veterinary Medicine  
The Michigan State Nurses Association  
The Michigan Association of the Professions  
All component District and County Medical Societies

H. CLAY TELLMAN, M.D. [Muskegon]:

Resolution No. 27

Introduced by G. B. Saltonstall, M.D.

Co-introduced by H. Clay Tellman, Muskegon County Medical Society

Legislation and Public Relations Committee

**XII—27. PRESIDENTS PROGRAM: BASIC RESEARCH**

Whereas, history proves that basic advances in medicine come only through the route of basic research, of which the discovery of penicillin is one example, and

Whereas, although clinical research attempts to solve specific disease problems and provide valuable contributions to methods of medical treatment major breakthroughs in basic medical knowledge are accomplished, in the main, as a result of basic research, and

Whereas, scientists the nation over as well as medical schools, lament the fact that so great a proportion of available funds are for limited research, therefore be it

RESOLVED: That the Michigan State Medical Society incorporate in its President's Program an effort to inform the public of the need for unrestricted research grants and to encourage individuals, foundations and government agencies to direct their funds for basic research, and be it further

RESOLVED: That the following organizations and others of like mind, be requested to cooperate with Michigan State Medical Society in this program:

University of Michigan  
Wayne State University  
University of Detroit  
Michigan State University  
Research Foundations—both state and national

J. PAUL KLEIN, M.D. [Newaygo]:

Resolution No. 28

Introduced by G. B. Saltonstall, M.D.

Co-introduced by J. P. Klein, M.D., Newaygo County Medical Society

Legislation and Public Relations Committee

**XII—28. PRESIDENTS PROGRAM: MATERNAL AND CHILD HEALTH**

Whereas, despite remarkable progress in the lowering of rates of maternal mortality, maternal deaths are still a medical problem in Michigan, and

Whereas, means exist in modern medical practice whereby the rate of maternal mortality may be lowered still further if appropriate information regarding maternal health is disseminated to the medical profession and the lay public; therefore be it

RESOLVED: That the Presidents Program of the Michigan State Medical Society include a program providing for the following:

1. Expansion of the use of the perinatal mortality register.

2. The institution of county medical society maternal health committees in those counties where they do not presently exist, and the stimulation of these committees in those societies where such committees do exist.

3. The development of expectant parent classes and other varieties of instruction beginning in the secondary schools and extending up to and including adult education programs.

4. Continuing publication in THE JOURNAL, MSMS, of Obstetrical Brevits and other scientific materials regarding maternal and child health and the distribution of information of an appropriate nature through news media and other publications to the lay public; and be it further

RESOLVED: That the following organizations, and others of like mind be requested to cooperate with Michigan State Medical Society in this program:

Michigan Department of Health  
Michigan Association of Public Health Officers  
Michigan Department of Public Instruction  
Michigan Academy of Pediatrics and other specialty organizations

J. LEONIDAS LEACH, M.D. [Genesee]:

Resolution No. 29

Introduced by G. B. Saltonstall, M.D.

Co-introduced by J. Leonidas Leach, M.D., Genesee County Medical Society

Legislation and Public Relations Committee

**XII—29. PRESIDENTS PROGRAM: PREVENTION OF DISEASE**

Whereas, the prevention of disease is a medical responsibility of equal importance to the curing of disease, and

Whereas, success in disease prevention requires the cooperation of the private practitioner of medicine as well as public health officials, voluntary health agencies and community leaders, and

Whereas, many efforts now being made can be enhanced by renewed activity and new approaches to the solution of problems as is indicated by such examples as the following:

Because, if present rates continue, lung cancer will claim the lives of one million American children now in our schools;

Because, 23 studies in eight countries have shown that lung cancer patients are predominantly cigarette smokers;

Because, lung cancer cure rates are one in twenty, the American Cancer Society is conducting a nationwide educational program for teen-agers on cigarettes and lung cancer; and

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Whereas, polio, venereal disease, tuberculosis and other infectious diseases continue to be a public health menace, and

Whereas, immunization programs have not reached their maximum potential and are constantly being improved as, for example, the recent acceptance of the Sabin Polio vaccine, and

Whereas, physical fitness programs in schools and colleges can be effective in improving nutrition, exercise and recreation and by the application of sound health advice reduce the number of accidents occasioned in physical sports, and

Whereas, accident prevention programs on land and water, in home and industry can markedly aid in reducing mortality and morbidity; therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society establish a well-rounded and specific program for the prevention of accidents and disease; said program to recognize the efforts presently being made to suggest means whereby these efforts can be improved, and to act as a coordinating source for public and professional information on this subject, and be it further

**RESOLVED:** That the following organizations and others of like mind be invited to counsel with the Michigan State Medical Society on this project:

Michigan Cancer Foundation  
Michigan Chapter American Cancer Society  
Michigan Department of Public Instruction  
Michigan Department of Health  
Michigan Association of Public Health Officers  
Michigan State Police  
Michigan Health Council  
Michigan Safety Council

OTTO K. ENGELKE, M.D. [Washtenaw]:  
Resolution No. 30

Introduced by G. B. Saltonstall, M.D., Delegate at Large  
Co-introduced by O. K. Engelke, M.D., Washtenaw County Medical Society  
Legislation and Public Relations Committee

### XII—30. PRESIDENTS PROGRAM: EARLY DETECTION OF DISEASE

Whereas, early detection of disease provides greatest opportunity for success in the subsequent application of medical knowledge to the end that many lives would be saved and health prolonged, and

Whereas, many new and effective means for early detection and diagnosis of disease are now available such as the "Papanicolaou Smear" for malignant and non-malignant disease of the female genital tract; screening programs in schools for the early detection of vision and hearing defects in children; periodic health appraisals based upon time intervals and/or continuous personal health supervision designed to make best use of medical knowledge of the calendar of biologic mishaps for preventative procedures; x-ray tests and skin tests for tuberculosis; routine urinalysis for sugar and blood glucose determination for diabetes, and

Whereas, neither the public nor the profession are making adequate use of the opportunities for early detection and diagnosis of disease; therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society emphasize, encourage and promote:

1. The use in the doctor's office of cytologic diagnosis for the early diagnosis of cancer of the female genital tract and research aimed at extending its use to other anatomic areas.

2. The use in the schools of screening programs for the detection of vision and hearing defects.

3. The use in hospitals and doctors' offices of skin testing and pre-employment and prehospital admission x-ray.

4. The expansion of venereal disease detection facilities.

5. The concept of continuous personal health supervision to make best use of medical knowledge of the calendar biologic mishaps for making physical evaluations of the patient thereby providing an opportunity for early detection as well as the concept of periodic health appraisals.

6. The taking of urinalysis for sugar on all patients and the reporting of new cases.

7. Other means for early detection which are now known or will become known to medical science; and be it further

**RESOLVED:** That the following organizations, or organizations of like mind, be requested to aid in this effort:

All County Medical Societies  
The American Cancer Society  
The Michigan Cancer Foundation  
The Michigan Tuberculosis Association  
Michigan Diabetes Association  
Michigan Department of Health  
Michigan Health Officers Association  
Michigan Public Health Association

JOHN W. RICE, M.D. [Jackson]:

Resolution No. 31

Introduced by G. B. Saltonstall, M.D.

Co-introduced by J. W. Rice, M.D., Jackson County

Medical Society  
Legislation and Public Relations Committee

### XII—31. PRESIDENTS PROGRAM: DISEASE CONTROL

Whereas, there is an ever-increasing need for blood transfusions in the practice of medicine due to more aggressive therapy of malignant and non-malignant diseases, and

Whereas, rheumatic fever is still an active and reportable disease which can be better controlled by continuing prophylaxis, and

Whereas, serious complications of diabetes are much more common in uncontrolled diabetes, and

Whereas, the above are but a few examples of diseases and situations which exist and which can, with present knowledge, be resolved by organized effort, and

Whereas, those committees and agencies who are working upon disease control programs can be aided by the Michigan State Medical Society and its component district and county societies, therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society include the establishment of a disease control program which will recognize the work now being done; will devise means whereby these programs can be improved and new ones begun as needed; and will act as a means of coordinating the separate programs for purposes of continuing professional education and public understanding; and be it further

**RESOLVED:** That the following organizations, and others of like mind, be invited to work with the Michigan State Medical Society in this effort:

Michigan Diabetic Association  
Michigan Association for Crippled Children and Adults  
Michigan Cancer Foundation  
MSMS Rheumatic Fever Control Committee  
American Red Cross  
Michigan Organization of Blood Banks  
Michigan Tuberculosis Association

Resolution No. 32

Introduced by G. B. Saltonstall, M.D.

Co-introduced by H. B. Zemmer, M.D., Lapeer County

Medical Society

Legislation and Public Relations Committee

## XII—32. PRESIDENTS PROGRAM: MENTAL HEALTH

Whereas, mental illness and mental health are major factors in adding to the life expectancy of the people as well as increasing the happiness of these people during the additional years, and

Whereas, every doctor of medicine is afforded opportunities to treat mental illness or protect the mental health of his patients in his day-to-day practice, and

Whereas, the psychiatrists have repeatedly expressed their willingness to share their specialized knowledge with their fellow practitioners of medicine as well as with the general public, and

Whereas, every patient needs to be considered as a whole person recognizing his mental and environmental needs as well as those of a physical nature; therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society include therein a project on mental health involving, among other activities, the following:

1. Notice to other MSMS committees of the desire of the Mental Health Committee to be of assistance to them upon request.

2. The establishment of psychiatric units in those general hospitals where adequate psychiatric personnel are available.

3. The involvement of medical schools in home care training for the mentally ill in order to provide adequate instruction of medical students and home aides.

4. The development of plans to improve the non-hospital care of mentally disturbed older persons.

5. A study of the desirability of additional nursing homes qualified to care for mild psychiatric cases and the improvement of same, and be it further

**RESOLVED:** That the following organizations, and organizations of like mind, be encouraged to participate with MSMS in this program:

Michigan Department of Mental Health

Michigan Mental Health Association

Michigan Psychiatric Association

Wayne State University

University of Michigan

Governor's Commission on Aging

Michigan State Medical Society Mental Health Committee

Michigan Department of Health

Visiting Nurse Association

Nursing Home Association

CLAUDE L. WESTON, M.D. [Shiawassee]:

Resolution No. 33

Introduced by G. B. Saltonstall, M.D.

Co-introduced by Claude L. Weston, M.D., Shiawassee

County Medical Society

Legislation and Public Relations Committee

## XII—33. PRESIDENTS PROGRAM: FULFILLMENT OF PATIENT POTENTIAL

Whereas, there is an increasing number of individuals in a community having chronic disabilities and one reason for this is the prolonging of life due to the advancement in medical science, and

Whereas, this is a continuing situation involving social, economic, psychological, and medical problems for the patient, his family and the community, thereby requiring cooperation from many professions, occupations and businesses and needing the leadership of the medical profession, and

Whereas, early recognition by the doctor of medicine of rehabilitation potentials of the patient, before disability is culminated, can markedly aid in the prevention and minimizing of the effect of the potential disability, and

Whereas, great social, economic and medical gains can be made toward replacing the ignominy of dependency with the dignity of self determination, and ability replace disability, if the patient is followed until he is as close to his potential as possible, and

Whereas, the investment of time by the professions, and money by voluntary and, when necessary, governmental agencies in a program to effectuate greater physical and social independence of the chronically disabled is desirable from social, political and economic standpoints, therefore be it

**RESOLVED:** That the Presidents Program take cognizance of the responsibilities and opportunity inherent in this situation and encourage, sponsor or promote the following program:

1. The dissemination of knowledge to the medical profession, to related organizations, and to communities of the techniques and philosophies of medically proven policies of rehabilitation, as well as existing facilities for patient rehabilitation and how they can be best utilized.

2. The holding of joint meetings of county medical society and community leaders for the planning of community projects and public presentations to demonstrate the values of and the progress in rehabilitation.

3. The encouragement of undergraduate and postgraduate seminars on rehabilitation methods within, and in connection with, medical and para-medical schools as well as the concept of chronic disability field clinics throughout the state.

4. The endorsement of a survey to define areas of need for the establishment of additional rehabilitation services and the encouragement of the subsequent establishment of such programs, where needed.

5. Cooperation with the Michigan Hospital Association in a program to effectuate the easy transfer of patients from hospitals to medical rehabilitation centers and return, and be it further

**RESOLVED:** That the Michigan State Medical Society request the assistance, in the furthering of this program, of the following, and like-minded organizations:

Division of Vocational Rehabilitation, Michigan

Department of Public Instruction

Michigan Crippled Children Commission

County and State Welfare Departments

Detroit Academy of Orthopedics

Michigan Orthopedic Society

Michigan Academy of Physical Medicine

Michigan Society for Crippled Children and Adults

United Cerebral Palsy Association of Michigan

Rotarians

Health Department

Visiting Nurse Association

Elks

Lions

Michigan Rehabilitation Association

Rehabilitation Institute of Metropolitan Detroit

All Rehabilitation Centers

LAWRENCE A. DROLETT, M.D. [Ingham]:

Resolution No. 34

Introduced by G. B. Saltonstall, M.D.

Co-introduced by L. A. Drolett, M.D., Ingham County

Medical Society

Legislation and Public Relations Committee

## XII—34. PRESIDENTS PROGRAM: HELP FOR THE AGED

Whereas, the Michigan State Medical Society has for many years concerned itself with problems of the aged, and



Whereas, due to political factors, which have been injected into this problem, it is apparent that medicine must give its utmost in leadership in order to protect the health of the aged from being endangered by policies proposed by those who seek to make political capital of the infirmities of the aged, and

Whereas, the Michigan State Medical Society has spelled out a comprehensive and specific program to help the aged, said program having already succeeded in some respects, therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society include the compiling and development of information related to the aged; advance the MSMS 10-point program of Help for the Aged, and such other additions to the program as may be subsequently determined in this swiftly changing situation, and be it further

**RESOLVED:** That the following organizations, and others of like mind, be invited to cooperate with the Michigan State Medical Society in this program:

- Michigan Health Council
- Michigan Association of the Professions
- Michigan Gerontology Association
- Michigan Commission on Aging
- Michigan State Legislature
- All County Medical Societies
- American Medical Association

HERBERT W. HARRIS, M.D. [Ingham]:  
Resolution No. 35  
Introduced by G. B. Saltonstall, M.D.  
Co-introduced by Herbert W. Harris, M.D., Ingham County Medical Society  
Legislation and Public Relations Committee

#### XII—35. PRESIDENTS PROGRAM: EMERGENCY MEDICAL CARE

Whereas, it has long been a matter of great pride to the medical profession that it has met medical emergencies as they have arisen, and

Whereas, it is apparent that with the complexities of modern civilization, it has become necessary to develop systematized means whereby emergencies of both an individual and communitywide nature can be met, and

Whereas, various areas in Michigan have solved these problems in exemplary manner but knowledge of the many effective ways and means of doing so are not generally known; therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society include the sponsoring of a conference to be charged with the responsibility of developing model plans for the handling of medical emergencies of both an individual and community-wide variety, and be it further

**RESOLVED:** That the following organizations, and organizations of like mind, be encouraged to participate:

- Office of Civil Defense
- Michigan Safety Council
- Michigan Health Council
- Michigan Funeral Directors Association
- Michigan State Orthopedic Society
- Trauma Committee
- American College of Surgeons
- Michigan State Police

EDWIN H. FENTON, M.D. [Wayne]:  
Resolution No. 36  
Introduced by G. B. Saltonstall, M.D.  
Co-introduced by E. H. Fenton, M.D., Wayne County Medical Society  
Legislation and Public Relations Committee

#### XII—36. PRESIDENTS PROGRAM: MEETING NEED FOR MEDICAL STUDENTS AND INCREASED MEDICAL SCHOOL FACILITIES

Whereas, there is an immediate and pressing need for active recruitment of superior medical students, medical associates and nurses and

Whereas, individual doctors of medicine must do their utmost to encourage young people who have an interest in any of the biological sciences to study medicine, and

Whereas, this can be done through the physician participating in school athletic programs, being active in PTA and other school activities, and taking an interest in young individuals in the late grades and high school, and

Whereas, Future Doctor Clubs have proved eminently successful in guiding scientifically inclined students into medicine and the biologic sciences, and

Whereas, it is reliably estimated that by 1975, 3600 more medical students per year must be graduated in order to maintain the present ratio of physicians to population, which means a 50 per cent increase in medical graduates, and

Whereas, in order to accomplish this, there must be an increase in enrollment within existing schools and from 14 to 20 new schools must be established at a cost of about one billion dollars, and

Whereas, it takes approximately 10 years to put a new medical school in operation plus an additional four years before doctors are produced, it is apparent that this vital matter is one of immediate concern and must be met on a crash basis, and

Whereas, part of the problem of directing superior students into medicine is that established scholarship loan funds are not nearly adequate to meet the competition of the other biological sciences, and existing loan funds provide too little to too few, and

Whereas, the need for scholarship funds is indicated and proven by the 1959 statistics when 52 per cent of the 6799 medical graduates were in debt, the average debt being \$4258; therefore be it

**RESOLVED:** That the Michigan State Medical Society through its Presidents Program develop a specific course of action through its county medical societies and individual physicians to recruit superior medical and paramedical students and initiate a campaign plan for local adoption to increase individual scholarship and loan fund grants, and be it further

**RESOLVED:** That the Michigan State Medical Society through an educational campaign to M.D.'s and the public, establish an understanding that additional medical school plans must be laid now, and further, that private, state and foundation moneys be obtained so that Federal participation will be held to the minimum necessary to prevent Federal control of education and medicine, and be it further

**RESOLVED:** That the following organizations, and others of like mind, be requested to cooperate with Michigan State Medical Society in this program:

- Wayne State University
- University of Michigan
- All other universities and colleges of Michigan
- Michigan Association of the Professions
- Michigan Health Council
- Michigan Education Association
- Guidance Counsellors Association

R. WALLACE TEED, M.D. [Washtenaw]:  
Resolution No. 37  
Introduced by G. B. Saltonstall, M.D.  
Co-introduced by R. W. Teed, M.D., Washtenaw County Medical Society  
Legislation and Public Relations Committee



## XII—37. PRESIDENTS PROGRAM: EDUCATION

Whereas, every committee of the Michigan State Medical Society has repeatedly emphasized the importance of the expansion of programs which disseminate factual medical and health information to the medical profession and the public, and

Whereas, understanding of medical advancements and scientific programs by the profession and understanding of medical societies' policies and the reasons therefore by the public are vital to the success of the medical profession's aims, and

Whereas, means and media of communications with the profession and with the public exist which are not being used, and those means and media currently in use can be made more effective, therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society explore, and where financially and physically feasible, carry out an expanded program of education to the medical profession giving consideration to the possibilities of:

1. The employment of closed circuit television from medical training centers as a part of a postgraduate medical education program.

2. The establishment of a two-way radio network between the hospitals, medical teaching centers, and the new headquarters of the Michigan State Medical Society to be used for scientific discussion and information as well as the dissemination of medical society news and socio-economic information.

3. The programmed distribution through the Michigan State Medical Society Public Relations Library of brochures, pamphlets and other publications to communicate medicine's messages to all doctors who wish to participate in this program, and be it further

**RESOLVED:** That consideration be given to the possibilities of increasing the use of public media of communications by:

1. A planned program of TV programs over commercial stations of Michigan.

2. The reinstitution of a weekly medical news program over radio stations in Michigan similar to the highly successful "Tell Me, Doctor" program issued by Michigan State Medical Society in prior years.

3. The holding of a series of meetings, in the various Councilor districts, with newsmen for the purpose of exploring better means for the dissemination of authentic health information, and be it further

**RESOLVED:** That each project in the Presidents Program be requested to supply prepared materials to the Public Relations Committee of the Michigan State Medical Society for dissemination with recommendations as to the public to which same should be distributed, and be it further

**RESOLVED:** That the following organizations, and organizations of like mind, be requested to assist in this effort:

County Medical Societies of Michigan State Medical Society

All committees of Michigan State Medical Society

All organizations previously listed in the resolutions, for the Presidents Program

G. B. SALTONSTALL, M.D. [Delegate at Large]:

Resolution No. 38

Introduced by G. B. Saltonstall, M.D.

Legislation and Public Relations Committee

## XII—38. PRESIDENTS PROGRAM: FINANCING HEALTH CARE

Whereas, leadership in determining means for the financing of medical and health care by the individual, the community, the state and the nation is in part the responsibility of the medical profession in view of the demonstrated fact that the participation in payment for

medical services is directly related to the success of medical treatment, now therefore be it

**RESOLVED:** That the Presidents Program of the Michigan State Medical Society in the implementation of its various projects, adhere to the following principles:

Personal medical care is primarily the responsibility of the individual.

When he is unable to provide this care for himself, the responsibility should properly pass to his family, the community, the county, the state and only when all these fail, to the Federal Government. The determination of medical need should be made by a physician, and the determination of eligibility should be made at the local level with local administration and control.

**THE SPEAKER:** Resolutions 25 through 38 will be referred to the Reference Committee of Legislation and Public Relations.

HAROLD L. GORDON, M.D. [Midland]:  
Resolution No. 39

Introduced by Midland County Medical Society  
Hygiene and Public Health Committee

## XII—39. VISUAL SCREENING PROGRAM

Whereas, visual screening of preschool and school children when properly done is of value in finding certain ocular defects in those children, and

Whereas, such programs should be carried out by trained persons, but not by a professional person with a vested interest, and

Whereas, it is essential that the public be emphatically informed that screening tests, because of the number of children involved and methods employed, are neither complete nor diagnostic examinations, and

Whereas, standards for visual screening have been studied and established by the Subcommittee of Ophthalmologists of the Child Welfare Committee of the Michigan State Medical Society, therefore be it

**RESOLVED:** That the Michigan State Medical Society approves preschool and school visual screening if properly conducted, offers the services to its members in helping to plan for such programs, and recommends that no community-wide program in this field be undertaken without the approval of the county medical society or local health department and without using technicians certified by the Michigan Department of Health for Massachusetts Vision Testing Programs or teachers trained by public health nurses for Snellen Screening; and be it further

**RESOLVED:** That copies of this resolution be sent to all county medical societies, all local health departments, all school superintendents and principals (public, parochial and private), PTA officers, interested service clubs and the Michigan Optometric Association.

**THE SPEAKER:** This resolution will be referred to the Reference Committee on Hygiene and Public Health.

ROSS V. TAYLOR, M.D. [Jackson]:

Resolution No. 40

Introduced by Jackson County Medical Society  
Miscellaneous Business Committee

## XII—40. INSURANCE REPORT FORMS

Whereas, use of a single insurance form will increase office efficiency, and

Whereas, the Health Insurance Council has developed a universal form for physicians reports which a majority of insurance companies will accept and which the AMA has approved, therefore be it

RESOLVED: That the MSMS make available the approved Health Insurance Council form for physicians' reports to all members of the MSMS.

THE SPEAKER: This resolution has been referred to the Committee on Miscellaneous Business.

FRANK H. POWER, M.D. [Grand Traverse-Leelanau-Benzie County Medical Society]:  
Resolution No. 41  
Introduced by Grand Traverse-Leelanau-Benzie County Medical Society  
Medical Service and Prepayment Insurance Committee

#### XII-41. MMS PAYMENT FOR SURGICAL ASSISTANTS

Whereas, since the inception of the Michigan Medical Service M-75 prepayment insurance contracts, there has been a marked difference in the interpretation of those contracts by physicians and subscribers and by the MMS, in regard to the payment of a surgical assistant benefit, with MMS taking the stand that "Technical Assistance is not a benefit when such service is performed in a hospital having a house officer or an approved intern or resident training program;" and

Whereas, "the Basic Principles for Prepayment Medical Care Insurance" as adopted by this House on September 25, 1957, in Section C, "Principles to be embodied in Insurance Contracts," subsection 3-C states: "The following services must be included in any basic program—surgical assistants when required," and

Whereas, the MMS contracts with its subscribers provide under the heading "Service and Benefits, Class II, Surgical assistance by a physician to the physician in charge of the case—at such times as and in such hospitals where and wherein such surgical assistance is not routinely available as a service provided by a hospital intern, resident or house officer," and

Whereas, hospitals approved for intern and resident training, due to hours of duty or insufficient personnel, cannot always routinely provide suitable assistants when required; and

Whereas, this service benefit is paid for by all subscribers to surgical coverage with the MMS, but because of the above circumstances beyond the control of the subscriber, discrimination between subscribers is shown, in that some subscribers receive this benefit and others are deprived of it; and

Whereas, by direction of this House of Delegates, approval of prepayment medical care plans, known as the Seal of Assurance of this Society is to be given by the Medical Care Insurance Committee of The Council only to those plans meeting the requirements of the Basic Principles; therefore be it

RESOLVED: That The Council is hereby directed to take such steps as may be necessary to require Michigan Medical Service to pay for "surgical assistants where required," in accordance with the Basic Principles for Prepaid Medical Care Insurance, as adopted by this House.

THE SPEAKER: The resolution will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

WILLIAM J. FULLER, M.D. [Kent]:  
Resolution No. 45  
Introduced by Kent County Medical Society  
Medical Service and Prepayment Insurance

#### XII-45. SEPARATION AND DIVESTMENT OF THE MICHIGAN STATE MEDICAL SOCIETY FROM THE MICHIGAN MEDICAL SERVICE

Whereas, the Michigan Medical Service, Blue Shield,

was originally developed to provide voluntary prepaid insurance benefits for basic medical and hospital expenses for only indigent and low income individuals, and

Whereas, the Michigan Medical Service, Blue Shield has very successfully established and provided such insurance commonly termed the Doctors' Plan, and

Whereas, the Michigan Medical Service, Blue Shield has expanded, extended, and broadened itself to provide coverage of a much more complex and diverse degree to individuals with incomes far beyond the indigent and low income level, and

Whereas, extension of full coverage of medical benefits and the service principle beyond the indigent and low income groups was not the intent of the Michigan State Medical Society in establishing Michigan Medical Service, Blue Shield, and

Whereas, the Michigan Medical Service, Blue Shield as a result of this extension has incurred financial difficulties, deficits, increased utilization and even abuses not foreseen nor planned for, and

Whereas, these aforementioned problems of Blue Shield are far beyond the original conceptions, scope and understanding of the medical profession and are primarily of an administrative and complicated actuarial nature requiring business and insurance experts to solve, and

Whereas, the medical profession in Michigan and good professional relations are being seriously injured by the public awareness of these problems which are associated by the public with the original conception of the Doctors' Plan and the Michigan State Medical Society's sponsorship of Blue Shield, though these problems are now of an actuarial and administrative nature and are not medical in character, and

Whereas, the Michigan Medical Service, Blue Shield may now well be able to function and administrate for the good of the public and the profession its policies and plans, more efficiently and successfully, unfettered and without direct influence of the Michigan State Medical Society, therefore be it

RESOLVED: That the Michigan State Medical Society through its House of Delegates establish a committee to use every practical means to explore and study the advisability and all ways and means of legally, ethically, financially, responsibly and otherwise separating and divesting itself from the direct sponsorship and responsibility for the Michigan Medical Service while at the same time not jeopardizing the successful future of Blue Shield nor the respect of the medical profession.

THE SPEAKER: This resolution will be referred to the Committee on Medical Service and Prepayment Insurance.

FLOYD B. LEVAGOOD, M.D. [Wayne]:  
Resolution No. 46  
Introduced by Wayne County Medical Society  
Medical Service and Prepayment Insurance

#### XII-46. PAYMENT FOR MAJOR MEDICAL SERVICES BY MICHIGAN MEDICAL SERVICE

Whereas, Michigan Medical Service reimburses for surgical, obstetrical, and anesthetic services on the basis of specific payments for specific operative and other procedures, and

Whereas, services for major medical care are reimbursed on a per diem basis, and

Whereas, such major medical services ought to be reimbursed in a specific payment for each type of major medical illness; therefore be it

RESOLVED: That in the sense of the House of Delegates, Michigan State Medical Society, that Michigan Medical Service should establish specific fees for services for all major medical services similar to the specific fee schedules in effect for surgical services; and be it further

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**RESOLVED:** That such specific fee schedule for major medical service be employed in all future negotiations between Michigan Medical Service and/or Michigan State Medical Society and governmental agencies for all prepayment insurance plans or contracts wherein medical service is involved.

**THE SPEAKER:** This resolution will be referred to the Committee on Medical Service and Prepayment Insurance.

FRANCIS P. RHOADES, M.D. [Wayne]:  
Resolution No. 42  
Introduced by F. P. Rhoades  
Resolutions Committee

**XII—42. GENERAL PRACTICE RESIDENCIES**

Whereas, many general practice residencies are unfilled and many have inadequate progressive and integrated training programs, and

Whereas, the present two-year family practice pilot program of the American Medical Association fails to adequately prepare the young physician to do general practice in his own community, and

Whereas, each segment of organized medicine has, and still determines the minute details and over-all content of their respective training programs, therefore be it

**RESOLVED:** That The Council on Medical Education and Hospitals of the AMA be directed to formulate other pilot two-year progressive training programs which are acceptable to the American Academy of General Practice, the only national association representing general practice.

**THE SPEAKER:** This will be referred to the Committee on Resolutions.

D. W. McLEAN, M.D. [Wayne]:  
Resolution No. 47  
Introduced by D. W. McLean, M.D., Wayne County

**XII—47. POLICY FOR PREPAID MEDICAL CARE INSURANCE PLANS**

Whereas, prepaid medical care as embodied in the current M-75 contract of Michigan Medical Service has resulted in a continuous increase in premium costs and has proven financially unsound; and

Whereas, the insurance commissioner of the State of Michigan has directed Michigan Medical Service to develop a sound and workable contract within the next year, and

Whereas, the majority of the membership of the Michigan State Medical Society who reside in the metropolitan areas and service the largest percentage of the contracts is strongly opposed to the principle of service contracts except for the low income group, as contrary to the American ideal of free enterprise and individual liberty; therefore be it

(First Resolve deleted by Reference Committee)

**RESOLVED:** That it is the opinion of this House of Delegates that Michigan Medical Service should develop a new contract embracing the following basic principles:

1. Uphold the original purpose of Michigan Medical Service to spread the cost of medical care to protect the low income group against the cost of serious illness.

2. Maintain normal patient-physician relationship without the intrusion of any third party.

3. Eliminate all service contracts except for the low income group.

4. Preserve free choice for both the patient and the physician.

And be it further

**RESOLVED:** That it is the opinion of this House of Delegates that such a contract should:

1. Cover only basic in-hospital medical, surgical, obstetric and anesthesia services.

2. Permit appropriate riders to cover such extra services as x-ray, laboratory tests, office surgery, etc., as options for any purchaser who desires to pay the extra premium.

**THE SPEAKER:** This resolution will be referred to the Committee on Medical Service and Prepayment Insurance.

MERLE A. HAANES, M.D. [Oakland]:  
Resolution No. 48  
Introduced by Merle A. Haanes, M.D.

**XII—48. FAMILY INCOME—MICHIGAN MEDICAL SERVICE**

Whereas, the ultimate success of the concept of service benefits will have to embody the family income principle, and

Whereas, the 1959 House of Delegates expressed a desire that the family income principle be embodied in any new contract, and

Whereas, it was not the intent of this House that the family income principle be subject to the condition of a 15% loading charge, and

Whereas, the membership of the MSMS was not fully cognizant of the implications of the conditions of the present fee structure, and

Whereas, many physicians of the State of Michigan desire the present system of income certification, and

Whereas, the 15% of over income families is significant but not prohibitive, therefore be it

**RESOLVED:** That the present method of income certification be maintained as is; and be it further

**RESOLVED:** That the family income principle be made a part of the M-75 contract forthwith or as soon as possible, but without determination by management, and be it further

**RESOLVED:** That the physician determine the application of the family income principle and when applicable make an additional charge if he so sees fit, and be it further

**RESOLVED:** That any dispute be handled by an appropriate body empowered to take depositions regarding statements of subscribers.

**THE SPEAKER:** That resolution will be referred to the Committee on Medical Service and Prepayment Insurance.

MERLE A. HAANES, M.D. [Oakland]:  
Resolution No. 49  
Introduced by Merle A. Haanes, M.D.

**XII—49. LOADING CHARGES MADE ON UNIT VALUES—MICHIGAN MEDICAL SERVICE**

Whereas, loading charge of 15% to compensate for single subscriber income has been shown to be inequitable, and

Whereas, the subtraction of 15% in the development of new unit values for a contemplated \$6500 contract resulted in a fee schedule less than that in use ten years ago, and

Whereas, this reduction is obviously not in keeping with the economic advances of the past decade, and

Whereas, the present schedule of fees for M-75 at this time are the usual and customary charges for a

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large segment of the physicians of the State of Michigan, and

Whereas, any equitable and just fee should be subject to no conditions, and

Whereas, no fee schedule should be upgraded beyond normal economic demands, and

Whereas, the present so-called loading charge of 15% will inevitably create future difficulties, therefore be it

**RESOLVED:** That the present unit values for M-75 and any future unit values be subject to no conditions or loading factors, and be it further

**RESOLVED:** That the 15 per cent loading charge be made a permanent part of the unit value of M-75.

**THE SPEAKER:** This resolution will be referred to the Committee on Medical Service and Prepayment Insurance.

JOHN J. COURY, M.D. [St. Clair]:  
Resolution No. 43  
Introduced by St. Clair County Medical Society  
Resolutions Committee

### XII—43. STUDY COMMITTEE RE INDIGENT M.D.'S

Whereas, there exists in this state indigent physicians and physicians' families either due to aging, death or illness, and

Whereas, we are convinced that the existence of the above situation is not the desire of this state medical society, therefore be it

**RESOLVED:** That this body of delegates form a study committee and that this committee report its recommendations to the next annual session.

**THE SPEAKER:** That resolution will be referred to the Committee on Resolutions.

J. DUANE MILLER, M.D. [Kent]:  
Resolution No. 50  
Introduced by J. D. Miller  
Kent County Medical Society

### XII—50. CIVIL DEFENSE

Whereas, the medical aspects of Civil Defense are essential to the preservation and survival of our population, and

Whereas, the basic unit within the Michigan State Medical Society is the county society, and

Whereas, the AMA is sponsoring an important national conference at which the United States Public Health Service will present its program for Medical Civil Defense, and

Whereas, the information to be presented by the USP HS is vital to the planning of each governmental unit, therefore be it

**RESOLVED:** That each and every component county society of the MSMS be urged to appoint a Civil Defense Committee Chairman for 1961 and send said chairman to the AMA County Societies Conference on Civil Defense, November 4, 5, 6, 1960.

**THE SPEAKER:** This resolution will be referred to the National Defense and Disaster Planning Committee.

THOMAS J. DILLON, M.D. [Van Buren]:  
Resolution No. 51  
Introduced by T. J. Dillon, M.D.  
Van Buren County Medical Society

### XII—51. TASK FORCE

Whereas, the doctors of medicine of the State of Michigan refuse to accept individual responsibility or cannot accept such because of need for daily care of patients' health, therefore be it

**RESOLVED:** That the MSMS develop a task force of trained personnel to attend, infiltrate and dominate all indicated public meetings to correct all misconceptions before these meetings publish false recommendations. This task force to be paid by the MSMS to compensate the participants at or near their usual rate of income for such time devoted to such duties.

**THE SPEAKER:** This resolution will be referred to the Committee on Resolutions.

## REPORTS OF COMMITTEES OF THE HOUSE OF DELEGATES

### XIV—1. PERMANENT ADVISORY COMMITTEE ON FEES

**THE SPEAKER:** We do not have any formal report from this committee as they only had one meeting, so we will send the minutes of their one meeting to the Reference Committee on Medical Service and Prepayment Insurance.

### XIV—2. COMMITTEE ON COMMITTEES (of House of Delegates)

JOHN G. SLEVIN, M.D. [Wayne]: It should be observed that the House of Delegates has had a Committee on Committees each year since 1957. The House of Delegates apparently has felt that the committee structure of Michigan State Medical Society requires revision because committees have increased in numbers in the past three years from 61 to 89 committees. This is twice as many committees as any other state medical society has.

The cost to the Michigan State Medical Society for committees in 1959 was in round numbers \$38,000, and the cost is growing rapidly. The growing number of committees has made the day-to-day work of the Michigan State Medical Society administration very difficult and adds to the over-all cost of operation.

For these reasons, President Darling and several past presidents of our Society have urged that committees be streamlined for greater efficiency and economy of operation.

Now a couple of highlights of the report.

The various committees of the Council now number 41, and the Committee on Committees proposes a reduction to five standing and eight special committees. These are listed on pages 94, 95 and 96 of your handbook.

Regarding the Standing Committees of the Michigan State Medical Society, you will note page 98 of the handbook the recommendations of your Committee on Committees for changes and the first is the change in the name of the Preventive Medicine Committee to Public Health Committee in keeping with the categories of committees which the House of Delegates adopted in 1958.

In addition, the Postgraduate Medical Education Committee now considered a part of the Public Health Committee, we feel, should stand on its own as it has no particular reference to the present Preventive Medicine Committee.

We also recommend the addition of six subcommittees to the Public Health Committee including a reactivation of the Committee on Cancer Control and several existing subcommittees were considered for broadening of their scope of activities. Two special committees of the state society have been recommended as becoming standing committees. These are the Advisory Committee to the Woman's Auxiliary and Advisory Committee to the Michigan State Medical Assistants Society. One new standing committee has been recommended, namely, the Committee on Professional Insurance Plans.



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Our Committee on Committees recommended a new section of the bylaws to spell out the right of the Council to appoint special and ad hoc committees. This right is now implied, but should be specified in the bylaws.

The Committee on Committees recommends in their report that the Council utilize existing committees whenever possible before appointing special ad hoc committees, as one method to curtail the mushrooming growth of state society committees.

We find no reason to suggest any changes in the House of Delegates Committees. All of them are ad hoc except for the Permanent Advisory Committee on Fees.

In conclusion, the Committee on Committees desires to acknowledge that without the excellent assistance of the Executive Director who attended all of our meetings and his hard working staff in furnishing this committee with much valuable research material, our task would have been impossible to complete.

**THE SPEAKER:** This report will be referred to the Committee on Special Committees.

The next report will be from the committee that worked with National Blue Shield this year. This was a combined committee, and they had co-chairmen. Dr. Novy was chairman of our committee and Dr. Stubbs represented National Blue Shield. The report this morning will be given by Dr. Novy and Dr. Stubbs, and Dr. Novy will introduce the board. I would like to have these men come up on the platform so that everybody can see who they are, because this committee has done a tremendous amount of work this year.

### XIV—3. HOUSE OF DELEGATES COMMITTEE TO MEET WITH NATIONAL BLUE SHIELD COMMISSION

R. L. Novy, M.D. [Wayne]: The committee was charged by this House a year ago to bring in a report at this meeting. That report has been sent to you. It has been in your hands since the last part of August. A copy of it is in your handbook (see Page 242).

Doctor Novy introduced Russell B. Carson, M.D., Fort Lauderdale, Florida, Chairman of the Professional Relations Committee of the National Blue Shield organization; Mr. John W. Castellucci, Chicago, Executive Vice President of the National Blue Shield organization; and Donald H. Stubbs, M.D., Washington, D. C., President-Elect of the District of Columbia Medical Society and Chairman of the Board of Directors of the National Blue Shield organization.

### XIII. PRESENTATION OF CHAIRMAN NATIONAL BLUE SHIELD PLANS

DONALD H. STUBBS, M.D.: Dr. Novy, Members of the House: I think I have been rather adequately described to you as an octopus, and Dr. Novy mentioned the use of six of my pseudopods or seven. There is just one left that I will employ for a moment in reporting back to you on the actions of this committee as I have seen them.

I want first to thank my friends whom I have seen here in considerable numbers since I came last night for welcoming us from the outside again so warmly after a year of work in this direction. This we are pleased to term our annual pilgrimage to your House of Delegates.

I hope the work is over, and that we have nothing left but the pleasure of a happy future.

I wish to compliment the actions of this committee as Dr. Novy has because they have done a fine job. We found last year when we came to this House of Delegates the good will that I stated at the time would undoubtedly see us through a trying problem. That good will certainly has been present on this committee. I believe that recognition on the part of all of us that this is the essential ingredient to solving problems of

this kind will be the first step in our solution, because no specific wording of an agreement can ever take the place of the will to work together.

We will have to see that the efforts to state in principle things that we believe and to which we subscribe is carried out through the efforts of this good will. The dedication of this committee is shared by you, I know, to see that the place of organized medicine in Michigan is squarely behind the good intentions that are described in this report.

I think it is quite fitting that this report should come on the 21st birthday, as it were, of Michigan Medical Service as this Blue Shield Plan comes of age officially under the chronology that has been employed for voting rights in most states, although my State of Georgia now lets them vote at 18, you might remember.

This 21st year is a suitable time to have a program of this sort presented to you, and I might say that it was designed here at home. We from the outside were bystanders in a way. We may have exercised a little catalytic effect, but we did not do the job. It was done here, very much as the man who saw a number of doctors because he was obsessed with the notion that he couldn't sleep, because there was a snake under his bed. Finally, he met one of these doctors on the street and said he was getting along fine now.

He said, "Well, who did it?"

"My brother finally cured it."

"Oh, is your brother a psychiatrist?"

"No, he is a carpenter. He sawed the legs off the bed, and the snake can't get under it any more."

That is what this committee believed it has done for you, and we congratulate them for it.

Since last year when I was here there are several things that have come to pass that we recognize as being obvious and some that have developed that were not quite so obvious to foretell.

The exacerbation in world tensions is something that I know disturbs us all and occupies considerable of our conscious thought, but it is associated perhaps with movements, with ferments and commotion in mankind that has significance to us in this country even at the local level.

Communication and rates of travel have led to a growing sophistication in matters such as we are discussing in this committee. The public knows better what it wants and better how to achieve it even though the achievement may be on political basis that we feel is not well grounded.

Another thing that has happened in this past year is that our public and private debt in this country has increased by some 66 billion dollars while our capital investment has grown less than half that much, about 32 billion.

Now what this means to us here is something very definite, that prepayment is certainly here to stay because we are going farther and farther into the credit business in all of our daily activities as individual citizens of this country, and so we can't get out unless we go through the Government road to compulsory action of some kind, and therefore, we are faced today far more than we were last year with making this matter of prepayment operate in the public interest, so they know it is in their interest and will accept our leadership in doing it in a way that is tolerable to us also.

We have seen continued concern over the ubiquitous problem of aging. This has been one of the outstanding political footballs. It is something that tinges nearly all of the thinking and discussion in matters of this kind. We see along with this sophistication in public and the pressures to do something for the aging, the increasing demands for service types of programs that offer service of a medical type and pay for it on prepayment mechanisms.

We have seen specifically the putting into operation of the Federal Employee Program with its especial challenge of major medical coverage to some five million people, Federal employees, and their dependents in this



country, so that all of these things have added to the responsibility of medicine. They are challenges to all of us in medicine to do the particular job again that I come back to over and over because this is an adjunct to a specific report coming back to you in regard to your efforts to do this thing.

The responsibility of Michigan in the field of prepayment, I believe, is better recognized this year than it was last.

Now as to the report itself, and just a few words, because I as Dr. Novy have no intention of taking your time to read it all. We are quite prepared to discuss it as helpfully as we can in reference committee in greatest detail, but it would be improper to do more at this time than refer to several points.

First, we from the National Blue Shield approve this report without reservation. Secondly, we want to point out that this is a forward-looking, not a backward-looking report. It does not contain elements of recrimination or efforts to place blame for things that may or may not have happened in the past, but to outline a method by which we believe the stage may be set for a bright future. Thirdly, I think that the report itself by implication has clarified the meaning of the term "principles," and we do say flatly that medical societies have not only the right but the obligation to establish and outline the principles upon which they will support prepayment mechanisms.

They have also the right and the obligation to modify these principles or the statement of them if this is needed in the light of developing conditions. Certainly as I indicated in referring to the changes of only one year, conditions do change in this field so that the principles under which we adjust may be slightly modified, but we are pleased with the statement of principles in this report because they are broad enough to give us the leeway to operate, and they are specific enough to indicate clearly the rights of organized medicine in this area.

Fourthly, we believe that this report suggests rather specifically that prepayment and service are the business of medicine. Service is really the personal care of patients by their physicians, and prepayment is designed to help pay for it or to pay for it in full.

You in Michigan have definitely been leaders in this assumption of the contractual obligation to render service under conditions that you state, with fee schedules and income levels that are the prime bases for determining the extent to which service will be given percentage-wise.

The report wisely does not attempt to define service in limiting terms, but it does say that you, physicians in Michigan, support the principle of service.

We in National Blue Shield support this as an important principle, and we would urge if need be, that you reiterate your support of it.

Finally, I think that the solution in Michigan will have to be in principle good everywhere. From the standpoint of National Blue Shield this report does conform to this idea, and so we hope that you will see it as we do, that you will agree with the distinguished members of your own Society who have been instrumental in forming it, and that you will assist the national effort in this direction by supporting it yourselves.

R. L. Novy, M.D.: This committee then submits this report as charged by this House to the House. It is in your hands.

Before finally ending this, I feel very much obligated, and I am sure the committee will endorse my statement, that we owe a great deal to the secretary that helped us hour after hour with note-taking, revising, condensing. Miss Kolhede, who sits over there. Miss Kolhede, will you rise, please?

THE SPEAKER: The report of the committee to meet with National Blue Shield Commission is being referred to the Reference Committee on Medical Service and Prepayment Insurance.

#### XIV-4. HOUSE OF DELEGATES SPECIAL COMMITTEE TO REVIEW MSMS CONSTITUTION AND BYLAWS

H. J. MEIER, M.D.: In a sense this report is only an interim report. This committee was charged with the duty of reviewing the Constitution and Bylaws of MSMS and make recommendations concerning any necessary changes to the House of Delegates at the next annual session.

There is a modest report of this in your handbook. It was contemplated that another meeting would have been had of this committee after that modest report was made in the handbook. However, it was found that there were so many resolutions coming from various committees that we could only make an interim report at this time.

The first recommendation that this committee offers concerns MSMS Cancer Control Committee. In the 1959 House of Delegates a resolution was passed that this committee be deleted and the function of the committee be taken over by the MSMS representatives to the Michigan Cancer Coordinating Committee which is a state-wide organization with representatives from various organizations. During the year problems arose which could not be discreetly handled by such an arrangement and The Council in its March 7, 1960, meeting suggested reconstitution of the Michigan Cancer Control Committee and referred the problem to this committee. This committee, after review of the problems, recommends that the phrase "Committee on Cancer Control" be reinserted in Chapter 11, Section 3 of the Bylaws.

A review of the 1959 resolutions from the House of Delegates was then made and action taken as follows:

- a) Resolutions Nos. 2, 48 and 49 re: misconduct investigations—no action.
- b) Resolution No. 9 re: change in dues delinquency dates—no action.
- c) Resolution No. 19 re: deferment of a member's MSMS dues on request of his county medical society. This committee recommends to the House of Delegates that the bylaws be amended as proposed in Resolution No. 19 of the 1959 session by adding a new Section 4 to read:

"Section 4—upon written request of a governing body of a component county society a member shall be granted an extension of time for the payment of dues to the Michigan State Medical Society provided that such extension shall not be beyond the fiscal year of the Michigan State Medical Society."

- d) Resolution No. 13 re: Councilors being members of House of Delegates.

This subject was referred to the House of Delegates Special Committee to Study Election of Councilors on Geographic Basis and the Status of Councilors as Voting Members of the House of Delegates which will present their recommendations and then this committee can incorporate it properly in the Constitution and Bylaws.

- e) Resolution No. 23 re: transposing the titles of Sections 11 and 12—no action.

- f) Resolution No. 25 re: reduced MSMS dues for new members—no action.

- g) Resolution No. 29 re: deletion of Grievance Committee, Chapter 7—no action.

- h) Resolution No. 32 re: Ethics Committee reports. After discussion of the possible harmful effects of requiring the Ethics Committee to report dismissals of complaints to county societies this committee recommends to the House of Delegates that the word "dismissal" in the last sentence of Chapter 6, Section 7, be deleted.

- i) Resolutions Nos. 33 and 34 re: election of the Editor of JMSMS. These resolutions were referred to the House of Delegates and pending outcome of their recommendation this committee will incorporate them in the Constitution and Bylaws in proper sequence for your approval.

j) Resolutions Nos. 44 and 45 re: election of MSMS Secretary and Treasurer by the House of Delegates. These resolutions proposed constitutional changes and were thus laid over one year by the House. Pending the decision of the House, this committee will also incorporate them in proper sequence for your approval.

k) The committee then considered the recommendations of The Council as to changes:

1. Elimination of Cancer Control Committee. This has already been referred to in this report and the committee recommends the re-establishment of this committee.

2. Change the name of MSMS Legislative Committee to Legal Affairs Committee. This was already approved by the House of Delegates—no action.

3. Grant active membership to Armed Forces, Public Health Service, and Veterans Administration physicians which was disapproved by the House of Delegates—no action.

4. Include "death" as reason for refund of MSMS dues which was approved by the House of Delegates—no action.

5. Membership change in the MSMS Ethics Committee which was approved by the House of Delegates—no action.

6. Allow election of four delegates (now three) to the AMA in any one year which was approved by the House of Delegates—no action.

7. Clarify meaning of "meeting" and "session" which was approved by the House of Delegates—no action.

l) Resolution No. 51 re: postgraduate Medical Education Committee membership. Because the Committee on Committees has a recommendation on this problem, there was no action taken.

m) Resolution No. 52 re: voting privileges of Secretary and Treasurer. These were proposed constitutional changes and thus laid over for one year.

If these changes are made the committee will incorporate them in proper sequence for your approval.

n) Resolution No. 53 re: spring session of the House of Delegates—no action, as mechanism for other than annual meeting of House of Delegates is spelled out in Section 4, Chapter 9 of the Bylaws.

To bring the Bylaws into conformity with present procedures followed by The Council in electing its officers and committee chairmen, the following recommendations are made by this committee:

1. Amend Section 1 to read as follows:

Section 1. The Council is the executive Body of the State Society. Subject only to the following, it shall determine the times and places of its meetings. It shall hold an annual meeting in January of each year at which time it shall elect a Secretary, a Treasurer and an Editor of The Journal of the Michigan State Medical Society, each to take office immediately and to serve for a term of one year or until his successor is elected and takes office.

2. Add a new Section 2 to read as follows:

Section 2. The Executive Committee of The Council shall consist of the President, the President-elect, the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, the Chairman of The Council, the Vice Chairman of The Council, the Secretary, the Treasurer, the Chairman of the Finance Committee, the Chairman of the County Societies Committee and the Chairman of the Publication Committee.

3. Repeal present Section 7.

4. Renumber present Sections 2-6 to conform with the above changes.

The committee realizes that these recommendations may be in conflict with decisions which may be made by the House of Delegates and may have to be revised.

This committee concludes this report with the remarks that because many changes in the Bylaws are being recommended by committees already appointed by the House of Delegates, we believe that further revisions should be deferred until such committee reports are

acted upon and then this committee will present for your approval rearrangement, rewording, not to change meaning or content, merely to clarify at the 1961 meeting of the House of Delegates. This will necessitate reappointment of such a committee for next year.

Respectfully submitted,

H. J. MEIER, M.D., *Chairman*

L. J. BAILEY, M.D.

R. R. COOPER, M.D.

A. B. GWINN, M.D.

F. P. RHOADES, M.D.

J. A. WITTER, M.D.

LESTER P. DODD, LL.B., *ex officio*

THE VICE SPEAKER: Thank you, Dr. Meier. This report of the Special Committee to Review Constitution and Bylaws will be referred to the Reference Committee on Constitution and Bylaws.

#### XIV—5. HOUSE OF DELEGATES COMMITTEE TO STUDY PROBLEM OF MALPRACTICE

W. M. LEFEVRE, M.D. [Muskegon]: I will try to condense this report which is in full in your handbook.

The first section simply dealt with the fact that there are four good insurance companies operating in Michigan on malpractice insurance, and the members are urged, of course, to take advantage of that.

The second section of the report deals with the educational factor which we think is the most important part of the committee's report. It involves talks to the individual county societies outlining conduct on the part of the physician which would help to eliminate malpractice claims.

Now an outline of this talk has been prepared and is supposed to be distributed to you gentlemen in the room right now. But those talks we think are important, and if you don't have anybody in your own county society that cares to do it, if you will contact the committee, we will see that you get someone.

We also feel that these talks should be given to the residents and interns during their teaching program. The committee is ready to do that. We also feel that similar talks, maybe not quite as verbose, should be given to senior medical students to prepare them for their future life.

We feel that that is really the most important part of the whole report. We think also, however, that in certain cases where physicians have been known to inadvertently make remarks which started malpractice action, that they should be quietly talked to and shown the error of their ways. Many times it is done thoughtlessly and not on purpose.

There is one angle to the introduction of malpractice action that we feel we have no way of combatting, and that is the talk between patients about: Well, I had this done. I don't think it is very good. Did you ever have it done? And so on. That kind of stuff starts dissatisfaction, but the only way we can combat that is by following the precepts that are laid down in this talk that we have arranged that apparently is not yet being distributed.

Now we went on a little further than that. We have gathered a rather voluminous amount of material which we are organizing as a library of information on malpractice. That will be kept in my office as long as I am chairman of this committee, and it will be turned over to the chairman of any future committee. We feel that the committee should be kept in existence, although we feel that there is no particular need for any more meetings at the present time. It should simply be kept in existence to fit the problem if it breaks out in a hurry.

THE VICE SPEAKER: Thank you, Dr. LeFevre. This report by the Committee to Study Problem of Malpractice will be referred to the Reference Committee on Resolutions.

**XIV—6. HOUSE OF DELEGATES COMMITTEE  
TO STUDY MICHIGAN STATE MEDICAL  
SOCIETY PUBLICATIONS**

O. J. JOHNSON, M.D.: Our report is on page 102 in your Handbook. This matter of studying the publications of the Michigan State Medical Society came up for considerable vituperative comments at the last session relative to the election of the Editor. The committee considered this very carefully and have made their recommendations in the report.

We have also recommended certain other changes, and at this session there are resolutions introduced which would establish an editorial board which has already been done by The Council.

I am sure that the Reference Committee will take into consideration the resolution that has been introduced and the action of The Council. I don't care to belabor you with our report, though it is short and the Reference Committee will undoubtedly come back with the proper recommendations.

THE VICE SPEAKER: The report of this committee will be taken into consideration by the Reference Committee on Standing Committees.

**XIV—7. HOUSE OF DELEGATES SPECIAL  
COMMITTEE TO STUDY ELECTION OF  
COUNCILORS ON GEOGRAPHIC BASIS  
AND THE STATUS OF COUNCILORS  
AS VOTING MEMBERS OF THE  
HOUSE OF DELEGATES**

This report will be presented by Dr. D. A. Bowman.

D. A. BOWMAN, M.D.: This report is printed in the Handbook, page 104.

This had various degrees of impossibility. We were given four basic problems. One of redesignation of the Councilor districts, one of your election, and one working out the recommendation in regard to Councilors acting as delegates, and one regarding the term of Councilor.

The term of Councilor we recommended be changed from five to three years. I am not going to speak about that. It is self-explanatory more or less. As for the Councilors being made delegates at large, we thought that it was very important that we not miss out on the advantage of his experience, his background information. We also meant to point out very plainly that he was to have a voice on the floor, voice and voting privilege. We did point that out in our recommendation.

The election of Councilors poses a very difficult problem and one which we felt was almost impossible to solve. Our recommendation was that the Secretary of the state medical society under the direction of The Council conduct a mail ballot asking for nominations from the members of the district and following this, he would conduct a general mail ballot under the direction of The Council and report the results to the House of Delegates which would certify the results that a majority vote was held and would declare a winner.

This is a very round-about way of doing this, but we felt that it would give better representation from the doctors of the district. It would give it much closer contact and more democratic representation.

The last task was that of redesignation of the Councilor districts. We worked a great deal both in the committee and out of the committee with this problem. We finally came to the conclusion that it was impossible to improve upon this present method of districting the Councilors.

I would like to thank the members of my committee, Dr. Babcock, Dr. Dennis, Dr. Hill, Dr. Lahti and Dr. Stander and the staff of the Michigan State Medical Society.

THE VICE SPEAKER: This report will be referred to the Reference Committee on Constitution and Bylaws.

**XIV—8. HOUSE OF DELEGATES COMMITTEE  
TO REVIEW THE FINANCIAL STRUCTURE  
OF MSMS**

OTTO K. ENGELKE, M.D.: Mr. Speaker, Officers of the Society, Delegates and Distinguished Guests: I have before me the same report that you have before you. This report is found in this booklet that was presented to you when you entered the House of Delegates this year, the large notebook. I would say it is 10 or 15 pages from the front behind the heading "Reports of Special Committees."

This committee was originally authorized by the House of Delegates on September 27, 1955. Its first report was made on September 24, 1956. On September 25, 1956 the House of Delegates ordered the appointment of a similar committee at three-year intervals. This current committee was appointed immediately following the 1959 meeting of the House of Delegates.

Members of the committee are: Otto K. Engelke, M.D., Washtenaw, *Chairman*; A. B. Gwinn, M.D., Allegan; S. E. Chapin, M.D., Wayne; W. B. McIntyre, M.D., Wayne; H. B. Zemmer, M.D., Lapeer.

This committee's studies followed the pattern established by the original House of Delegates Dues and Financial Structure Study Committee of 1955-1956. This report also follows the pattern of the original report covering the same and similar areas of interest with, of course, additional pertinent information on the finances of the "headquarters building" activities of the Society.

The committee members have held four meetings. The Executive Director and the Controller of the Michigan State Medical Society staff were invited to one or more of these meetings as were K. H. Johnson, M.D., President-Elect, and O. B. McGillicuddy, M.D., Chairman of the Michigan State Medical Society Finance Committee.

The officers and staff members of the society gave complete cooperation. Financial reports, budgets, auditor's statements, special Society reports, abstracts of House of Delegates and Council meeting minutes, reports of activities of the other professional societies in the state, as well as dues, etc., of all state medical societies and special research reports were promptly provided the committee.

The meetings were dedicated to a review of the original 1956 committee report, the gathering of basic data, requests for standard and special data, and the hearing of reports of the staff and officers. Portions of the minutes of these meetings and details of items follow. Those present at these meetings were: Dr. Engelke; S. E. Chapin, M.D.; A. B. Gwinn, M.D., and H. B. Zemmer, M.D. Also present at one or more sessions were: K. H. Johnson, M.D., MSMS President-elect; O. B. McGillicuddy, M.D., Chairman of the MSMS Finance Committee; the Executive Director and the Controller of the MSMS Executive Office.

Absent: W. B. McIntyre, M.D.

The committee felt it was pertinent to update the previous report of the committee to Review the Financial Structure of MSMS, as it was presented to the 1956 House of Delegates.

One of the more important items in this report was a listing of central office staff and other personnel. The 1959-1960 personnel roster and their duties are shown.

William J. Burns, Executive Director and Administrator, executes all details of the progressive program devised by the House of Delegates and The Council of the Michigan State Medical Society, as assigned to him by the Secretary (per bylaws, Chapter 11, Section 8).

Hugh W. Brenneman, Public Relations Counsel and Assistant Administrator. Administers the public relations

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and central educational program of the Michigan State Medical Society and helps to promote cordial liaison between MSMS and other medical, health, professional, and trade organizations, usually working on the administrative level. Acts as secretary to certain MSMS committees.

Warren F. Tryloff, Assistant to the Executive Director. Assists with administrative details, including numerous outside contracts; aids Executive Director with annual sessions and Michigan Clinical Institutes; also in handling new MSMS building matters with architect, etc.; acts in liaison capacity with certain county medical societies.

Richard N. Philleo, Public Relations Field Secretary. Represents MSMS in legislative activities; assists in other public relations programs; acts in liaison capacity with certain county medical societies.

Robert J. Roney, Controller and Membership Director. Journal advertising; membership records, Directory publications, and correspondence; in charge of building maintenance and supplies; in charge of books of accounts and financial transactions; acts as secretary to certain MSMS committees.

Herbert A. Auer, Secretary to Medical Care Insurance Committee and related committees; assists with production of Journal; advises on layout of Society folders, programs, posters, booklets, etc.

E. Ray Scott, Public Relations Field Secretary in Detroit.

Responsible for public relations activities of the medical profession in Wayne, Macomb, Oakland, Monroe and Genesee counties. Works actively in radio, television and other communications media.

Helen A. Schulte, Administrative Assistant. Chief secretary to Executive Director; supervisor of stenographers' pool; organizes all scientific programs for annual sessions and Michigan Clinical Institutes.

Mary K. Brewbaker, Secretary. Committee secretary, sending notices, agenda, making room reservations, etc.; correspondence and records for technical exhibits at conventions; answers general correspondence.

Jean MacDonald, Secretary to Public Relations Council.

Vesta L. Bracy, Assistant Secretary. Helps with book-keeping and membership records; operates IBM equipment.

Margaret Cornwell, Assistant Secretary. Serves as secretary to Controller and Membership Director, operates IBM equipment.

Vada L. Davis, Assistant Secretary. Serves as secretary to Assistant to Executive Director; Public Relations librarian; supervises distribution of literature, films and other public relations media.

Doris Jarrad, Assistant Secretary. Serves as secretary to Public Relations Field Secretary in Detroit; works closely with the Michigan State Medical Assistants Society.

Matred Johnson, Assistant Secretary. Transcribes Executive Director's cylinders and Council minutes; takes dictation from Administrative Assistant; proof reads stencils.

Delta M. Berry, member of stenographic pool. Head telephone operator and receptionist; transcribes Executive Director's cylinders; typing and copy work; records all long distance calls.

Jo Ann Hall, member of stenographic pool. In charge of mimeographing; collects and folds all mail twice daily; helps with telephone work; copy work and other typing.

Theresa Knzesicki, member of stenographic pool. In charge of mimeographing and distribution of committee minutes; helps with telephone and reception work; typing and copy work.

Shelby Butts, stenographer. Serves as secretary to MCIC Secretary and to Field Secretary in Charge of Legislation.

Jim Giddings (part-time) mail clerk, equipment operator in processing room.

Al Hazelton (part-time) janitor.

An MSMS Administrative chart was also provided the committee for its use.

[An organization chart is bound with the original of this transcript.]

It was noted that the central staff had grown by one administrative officer and four secretarial employees since the 1955-1956 report. It was felt that the Relative Value Study and other costly items along with an ever-increasing legislative effort, etc. warranted the added employees.

The committee asked for a breakdown of the costs of the Relative Value Study. The committee also asked for a transcript of the House of Delegates action which instructed that a Relative Value Study be conducted. It follows:

Extract from proceedings of the 1957 House of Delegates, page 137 of the January 1958 issue of The Journal, MSMS. Report of Reference Committee on Michigan Medical Service—Reports of The Council:

"D. Basis of Service Benefits.

"1. The Michigan State Medical Society will develop a 'Relative Value Scale' which will assign to the individual surgical, obstetrical and other medical services a value in units proportional to the relative value of that service. The Society will determine the applicable value of one unit for each class of benefit. By multiplying the number of units assigned to a procedure by the value of one unit, the 'dollar allowance' for that procedure is obtained.

"2. (a) The Michigan State Medical Society will establish unit values for medical, surgical and obstetrical procedures and anesthesia for each of the plans.

"(b) For diagnostic laboratory procedures and for all radiologic procedures, the unit value will be the same for all plans.

"(c) For any optional benefits offered by a carrier, the Society will establish appropriate unit values.

"3. Until the Michigan State Medical Society establishes a 'Relative Value Scale,' the scale developed by the California Medical Association shall be used.

"4. No participating physician may charge more for a particular service, rendered a subscriber than the 'dollar allowance' payable for that service under the subscriber's contract. A subscriber covered by Plan C, whose income is designated as in excess of \$7500 however, shall be responsible for any part of fees to which he agrees with his physician in excess of the applicable 'dollar allowance.'"

This was passed by the House of Delegates in 1957.

A rough analysis of the costs of this study would seem to remind us that some House of Delegates' actions cost a lot of money and should be very well thought out.

Relative Value Scale Budget for 1959 and 1960—Extract from January 30-31, 1959, Council minutes, page 3, Item d:

"\$7500 IBM punching of 300,000 items resulting from proposed survey.

"\$500 IBM sorting of these coded items.

"\$1500 IBM tabulating results of the survey and coding—a total of \$9500.00.

"\$2000 printing and mailing 6600 questionnaires.

"\$3000 committee meetings in 1959.

"\$14500—Total for 1959.

"\$5000 committee meetings in 1960.

"\$2500 printing 7000 copies of final report.

"\$22,000 total estimated cost of survey—1959-1960."

Page four of the January 30-31, 1959, Council minutes,

Item E, Budgets, includes:

"Motion: That \$12000 be added to the Medical Care Insurance Committee Budget for 1959 resulting in a total allocation of \$15,000, which includes \$12,000 for the Relative Value Scale Subcommittee Project. Carried (two opposed)."

On September 27, 1959, The Council minutes, page 5, Item IX, include the following:



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"Dr. Leader reported that in order to conduct the study, an additional appropriation of \$12,482.70 would be required if The Council wished to proceed.

"Motion: That the minutes of the Relative Value Study Committee of August 6 including additional appropriations be approved as presented; carried."

This then makes the total for the RVS Study—for two years—\$24,482.70.

The 1960 budget for the RVS was established at \$19,222.23. (This figure includes unexpended funds previously allocated in 1959.)

An extract from the August 10, 1959, letter of the Market Opinion Research Company of Detroit to Dr. Leader indicates the following:

"We gave you an estimated figure of \$10,000 to cover the cost of this project excluding printing and mailing costs. We believe this is a fairly close estimate within our best judgment, however, it is conceivable we may have either over or under estimated our costs. In any event the figure should be within 20% either way."

This was one of the items in the budget approved by the RVS Committee on August 6, 1959, and then approved by The Council on September 27, 1959.

There was some discussion concerning possible creation of a Ways and Means Reference Committee of the House of Delegates to which might be referred suggested items involving major expenditures of funds for special House of Delegates projects, in order that adequate consideration of costs may be secured prior to final House of Delegates action.

A listing of dues of other state medical societies compared to those of MSMS was presented by the MSMS Controller. The chart for 1959 indicated that the highest state society dues is \$100 charged by one state society,

and the low is \$25 charged by six state societies; the average is \$48.50. The committee noted that \$15 of the current Michigan State Medical Society dues is earmarked for the new headquarters building.

## STATE MEDICAL SOCIETY MEMBERSHIP DUES—1959

Alabama .....	\$ 50.00	Nebraska .....	35.00
Arizona .....	70.00	Nevada .....	100.00
Arkansas .....	30.00	New Hampshire .....	50.00
California .....	50.00	New Jersey .....	30.00
Colorado .....	60.00	New Mexico .....	70.00
Connecticut .....	33.00	New York .....	25.00
Delaware .....	50.00	North Carolina .....	50.00
District of Columbia .....	50.00	North Dakota .....	75.00
Florida .....	40.00	Ohio .....	25.00
Georgia .....	40.00	Oklahoma .....	42.00
Idaho .....	57.00	Oregon .....	50.00
Illinois .....	40.00	Pennsylvania .....	40.00
Indiana .....	50.00	Rhode Island .....	50.00
Iowa .....	85.00	South Carolina .....	35.00
Kansas .....	40.00	South Dakota .....	25.00
Kentucky .....	50.00	Tennessee .....	25.00
Louisiana .....	50.00	Texas .....	50.00
Maine .....	55.00	Utah .....	75.00
Maryland .....	50.00	Vermont .....	45.00
Massachusetts .....	35.00	Virginia .....	25.00
Michigan .....	60.00	Washington .....	45.00
Minnesota .....	55.00	West Virginia .....	25.00
Mississippi .....	50.00	Wisconsin .....	75.00
Missouri .....	35.00	Wyoming .....	25.00
Montana .....	53.50		

Alaska, Hawaii, Canal Zone, Philippine Islands and Puerto Rico not reported			
High .....	\$100.00	(one state has these dues)	
Low .....	25.00	(six states have these dues)	
Average .....	48.58		

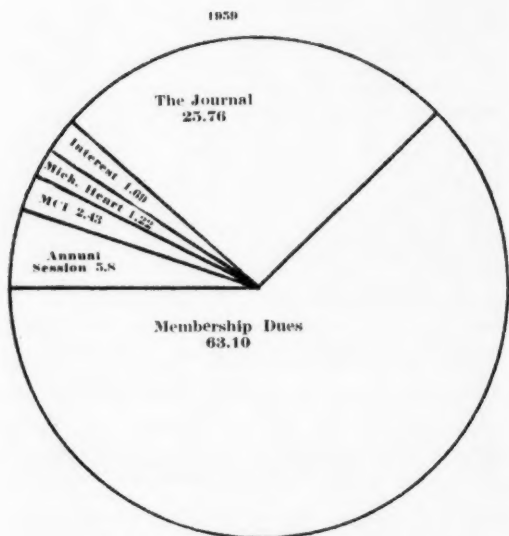
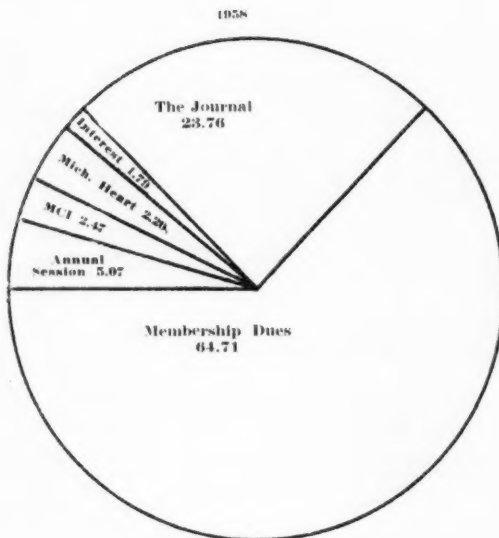
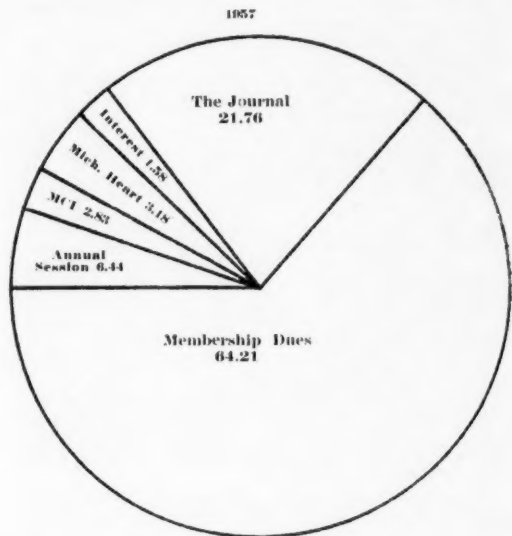
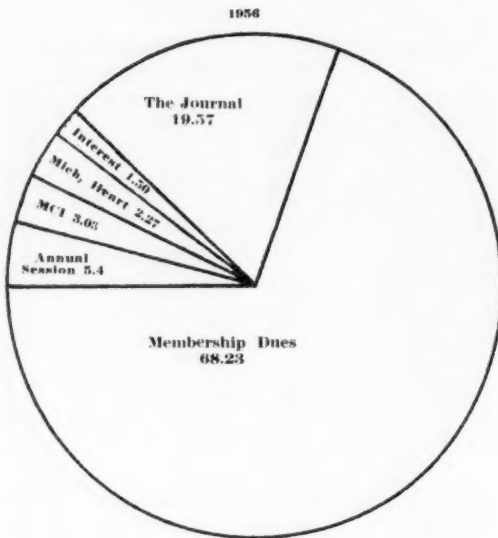
## MICHIGAN STATE MEDICAL SOCIETY Consolidation of 1960 Income and Expense to September 1, 1960

<b>INCOME:</b>		
From: Membership Dues .....	\$376,088.77	
Less: Allocation to New Headquarters .....	87,060.75	
Allocation to Beaumont Foundation .....	5,811.71	
Balance from membership dues available for current operations .....		\$283,216.31
Interest and Miscellaneous Income .....		240.17
Journal—Subscriptions .....		611.54
Journal—Advertising Sales .....		90,047.99
Journal—Reprint and Cut Sales .....		2,571.84
Annual Session .....		26,182.53
Michigan Clinical Institute .....		14,215.00
Public Education—Miscellaneous Income .....		192.75
Prior Years MSMS and AMA Dues .....		2,118.75
Michigan Heart Association .....		2,180.67
MSMS Headquarters Contributions .....		4,725.00
<b>TOTAL 1960 INCOME to September 1, 1960 .....</b>		<b>\$426,302.55</b>
<b>EXPENSES:</b>		
General Fund .....	\$155,849.26	
Building Maintenance (606 Townsend) .....	3,126.88	
The Journal .....	101,386.83	
Annual Session .....	5,600.67	
Michigan Clinical Institute .....	14,040.32	
Public Education Account .....	36,061.36	
Public Service Account .....	10,846.62	
Professional Relations Account .....	25,308.75	
Rheumatic Fever Control Committee .....	2,976.27	
<b>TOTAL 1960 EXPENSES to September 1, 1960 .....</b>		<b>\$355,197.16</b>
<b>GAIN FOR 1960 OPERATIONS of MSMS to September 1, 1960 .....</b>		<b>\$71,105.39</b>
Estimated Cost of MSMS Current Operations for Balance of Year to November 30, 1960, based on 1959 actual income and expense .....		93,343.79
Estimated Loss December 1, 1960 (not including New Headquarters) .....		L. \$22,238.40
* * * * *		
Estimated Additional Payments on New Headquarters Building—1960 .....		\$289,628.94
Estimated Cost of Landscaping and Underground Irrigation .....		12,000.00
Estimated Cost of Furnishing for New Headquarters Building .....		57,000.00
		\$358,628.94
Funds to be Secured from the Sale of Currently Held Bonds .....		71,566.99
(\$50,000 in bonds to be retained in General Fund Reserve)		
(\$35,000 in bonds to be retained in P.E. Reserve)		
Net Funds to be Secured by Borrowing to Complete New Headquarters .....		\$287,061.95
(All of this will not be used in 1960, since by December 1 the building will not be completed and some of the expense will thus be a part of 1961 budget figures)		



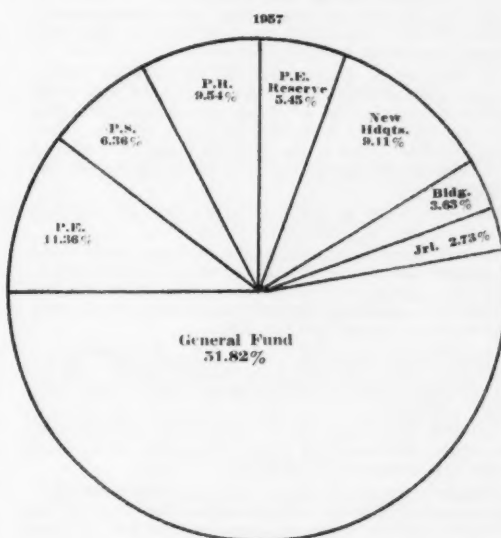
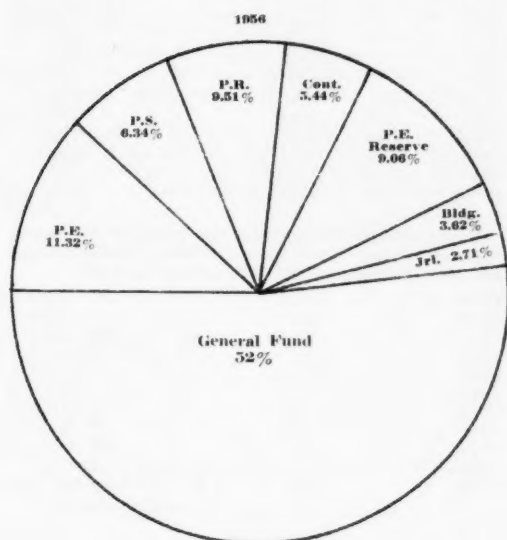
DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

SOURCES OF INCOME OF THE MICHIGAN STATE MEDICAL SOCIETY

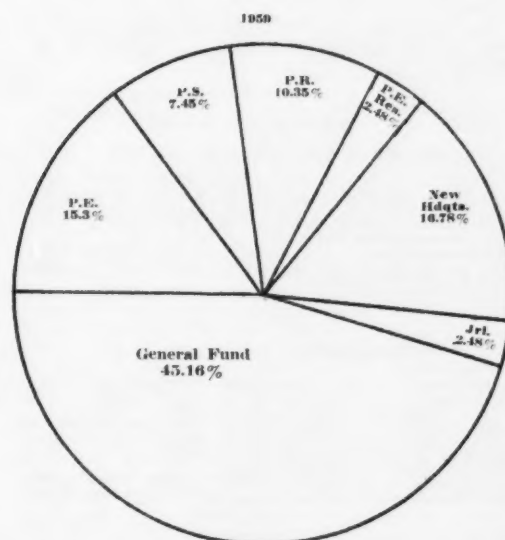
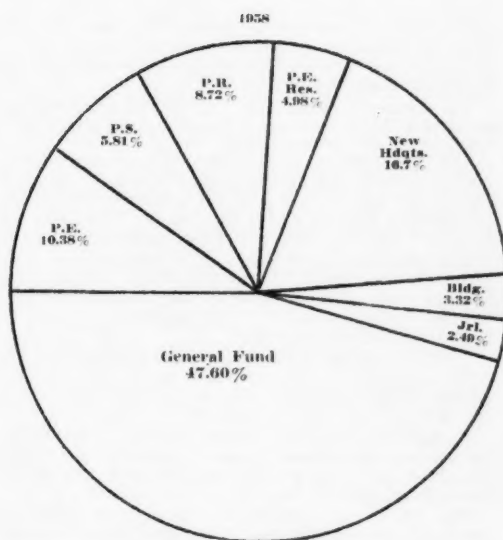


# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

## MICHIGAN STATE MEDICAL SOCIETY DISTRIBUTION OF MEMBERSHIP DUES



P.E. (Public Education)  
P.S. (Public Service)  
P.R. (Professional Relations)  
Cont. (Contingency Fund)  
P.E. Res. (Public Education Reserve)  
Bldg. (606 Townsend Maintenance)  
Jrl. (The Journal)



# DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

In 1955, 21 states were below \$40, 22 states including Michigan were in the \$40-\$60 range, and five state societies paid dues ranging from \$65 to \$100.

The committee noted that in 1959, 21 states were below \$50, 22 state societies along with Michigan were in the \$50-\$70 range, and six state societies paid dues ranging from \$75 to \$100.

In other words, Michigan stayed in the same bracket of states most of which experienced a dues increase about equivalent to the cost of living rise which has taken place between 1955 and 1959 of about 10-15%. The committee noted that at the time this report is presented to the House of Delegates these latest figures will be outdated.

Osteopath dues are \$250 per year, \$100 of which is for "education" at state level (1959).

Average monthly expenses of the Michigan State Medical Society are a little difficult to estimate. However, in 1957 they amounted to \$35,881 after deducting the amount of American Medical Association membership dues which are an in and out item.

In 1958 they were up to \$43,301 (after taking out the AMA). However, this included costs of the land for the new headquarters building of \$65,000 or \$5200 per month average.

In 1959 they were up to \$62,919.88 approximately, less AMA, but including payments on the construction of the new headquarters building.

A good estimate of current costs per month would be approximately \$43,000 not including AMA dues and not including payments on the new headquarters building. This figure would include approximately the same 5% increase in costs each year since 1957 and include the normal functions of MSMS such as printing the Journal and operating both the Michigan Clinical Institute and the Annual Session, etc.

The 1960 budget, which includes 1958 and 1959 expenditure figures, was received and carefully reviewed by the committee. Past and current programs were reviewed. Future needs were examined. (See March Journal, Page 469 of the MSMS for published budget.)

Sections of the report of the auditors as of November 30, 1959, were also reviewed. (Also in the March Journal.)

The committee also reviewed the consolidation of 1960 budget estimates of income and expense of the MSMS.

## SOURCES OF INCOME of the MICHIGAN STATE MEDICAL SOCIETY

	1956	1957	1958	1959
From Membership Dues.....	68.23%	64.21%	64.17%	63.10%
From Annual Session.....	5.44%	6.44%	5.07%	5.80%
From Michigan Clinical Institute 3.03%	2.83%	2.47%	2.43%	
From Michigan Heart Assn. (Rheumatic Fever).....	2.27%	3.18%	2.20%	1.22%
From Interest on Investments.....	1.50%	1.58%	1.79%	1.69%
From Journal Advertising and Reprint Sales .....	19.57%	21.76%	23.76%	25.76%

## DISTRIBUTION OF MEMBERSHIP DUES

	1956	1957	1958	1959
General Fund .....	52.00%	51.82%	47.60%	45.16%
The Journal .....	2.71%	2.73%	2.49%	2.48%
Building Maintenance .....	3.62%	3.63%	3.32%	
Public Education .....	11.32%	11.36%	10.38%	15.30%
Public Service .....	6.34%	6.36%	5.81%	7.45%
Professional Relations .....	9.51%	9.54%	8.72%	10.35%
Contingent Fund .....	3.44%			
P. E. Reserve .....	9.06%	5.45%	4.98%	2.48%
New Headquarters Fund.....		9.11%	16.70%	16.78%

Membership and income figures for the depression and war years were reviewed to determine the effect of hard times and membership depletion in the resources of the Society.

Unpaid members of the Michigan State Medical Society for years 1928-1938.

Year	Total Members	Unpaid Members
1928	3457	Not available
1929	3463	Not available
1930	3417	250
1931	3235	335
1932	3293	234
1933	3160	450
1934	3393	175
1935	3650	138
1936	3725	141
1937	3963	144
1938	4205	115

Comparison of Membership and Number of Military Members during World War II period. (Military members were granted remission of membership dues.)

Year	Total Members	Military
1939	4425	-0- Military
1940	4527	-0- Military
1941	4621	209 Military
1942	4714	1127 Military
1943	4786	1142 Military
1944	4702	1151 Military
1945	4686	1353 Military
1946	4799	130 Military
1947	4797	103 Military
1955	6109	430 Military & Associate
1959	6296	45 Military, 352 Associate and 100 delinquent

## Population Figures for Michigan

April 1, 1930	4,842,325
April 1, 1940	5,256,106
April 1, 1950	6,371,766
April 1, 1960	7,995,000

It will be noted that unpaid memberships reached a peak of 450 during the depression, less than 20% of members and that military nonpaying members reached an average of about 26% for four years during the last war.

It is conceivable that during another war this figure may be much higher with many doctors pressed into military and civilian defense duties. The committee believes therefore that an effort should be made to maintain reserves even throughout the period of new building construction and cost retirement.

The committee noted that The Council had acted to set aside \$100,000 reserves to permit the Society to meet emergencies during this period.

The committee carefully studied Society finances for the future including the immediate future in which a good bit of Society reserves would be used to finance the headquarters building and to continue the "Campaign for Freedom" and "Care for the Aged" educational efforts.

The committee noted that headquarters building costs had risen even beyond the expanded cost estimated for and approved by the delegates in 1958—a standard pattern in current construction. Construction costs always exceed estimates apparently.

The 1959 MSMS House of Delegates approved the Big Look Committee's report (included in the Supplemental Report of The Council) that the new building would cost \$602,295 exclusive of land and furnishings.

In this case, it should be noted that the present building size is more realistic in view of the anticipated rapid growth of the state and the medical profession which serves the state.

The 1960 census preliminary figures have confirmed the judgment and foresight of the Big Look Committee and The Council in providing maximum rather than minimum facilities. Too many new buildings are too small the day they are occupied. The 12,000 square feet in the original estimates would have been inadequate.

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The committee inspected the building and reviewed the plans for the completion of the headquarters. They concurred in the belief that the 20,000 feet of space provided should be sufficient for the MSMS needs for the foreseeable future unless there were an extraordinary growth of the M.D. population in Michigan.

The committee also concurred in the belief that the headquarters provided a "quality" but no lavish home for a society which should maintain a proper public appearance.

The committee noted that the new State Bar building costs were approximately the same per square foot as those of the new medical society structure and that the latter made a better appearance and was more functional.

A brief outline of Society dues and building allocations for these dues follows:

## Years

1947, 1948, 1949, 1950	\$37.00
1951, 1952, 1953, 1954, 1955	45.00
1956, 1957	55.00
1958, 1959	60.00
1960, 1961	65.00

Allocation of membership dues to the new headquarters building fund:

1957	\$ 5.00	\$ 28,135.00
1958	10.00	57,238.04
1959	10.00	59,149.14
1960	15.00	85,412.52 (to 6-30-60)
1961	15.00	.....
		\$229,934.70 (from bonds in 1959
		140,000.00 the Contingent Fund
		Bldg. Maintenance
		Fund and Public
		Education Reserve)

Total Available 6-30-60 \$369,934.70

The need for the negotiation of all or part of a \$300,000 loan at favorable interest rates to maintain the Society and complete the headquarters was noted by the committee.

Dr. McGillicuddy last night, if you will recall, discussed with you the reasons for changing this report somewhat. Since the committee was quoting Dr. McGillicuddy and expressing his philosophy, we could not help but concur in that the loan should be reported by this committee as one to assist in the construction of the building and not the operation of the Society.

Dr. McGillicuddy and the committee discussed the current financial situation of the Michigan State Medical Society and advised the committee members of his philosophy and the need for economy and necessary borrowing in 1960 to complete the new MSMS headquarters building now under construction.

He also pointed to the need of an adequate income from dues to meet building and rising operation costs.

The current financial picture is summarized as follows:

## New MSMS Headquarters Building

Total estimated cost of building including landscaping and furnishings	\$656,644.00
Cost of land	65,646.00
	<hr/>
	\$722,292.00

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Estimated assessment valuation of building, land and personal property tax on furnishings \$234,430 @ tax rate of \$55 per M provides estimated annual taxes of at least (minimum)	12,897.50
Estimated interest on loan (1st year)	16,500.00
Estimated taxes (somewhat higher than minimum indicated above)	15,000.00
Estimated maintenance (utilities, janitor service)	15,000.00
	<hr/>
Less present 606 maintenance costs	\$ 46,500.00
	6,500.00
	<hr/>
New expense	\$ 40,000.00
Present dues allocation will provide for headquarters	86,250.00
Less: New expense of interest, taxes and maintenance	40,000.00
	<hr/>
Available for payment on loan principal	\$ 46,250.00

The above figures adjusted as required indicate that the new headquarters fund will be sufficient to completely retire the loan on the building in six years if the present dues allocation of \$15 per member is continued.

## General Operation

However, the general operations of the Society indicate the following (exclusive of the new headquarters construction and future maintenance):

Estimated income from membership dues based on 5750 members at \$65.00	\$373,750.00
Allocation of \$15 per member to new headquarters fund	86,250.00

Net remaining for operations of MSMS programs \$287,500.00

With depletion of reserves, interest and miscellaneous, income will be very limited.

The Annual Session, Michigan Clinical Institute and THE JOURNAL usually provide sufficient funds to pay their own way or one profit will offset any loss in the other; these can be omitted.

The 1960 budget of all items except the above omissions totals \$316,823.53

An estimated loss in 1960 on General Society operations of \$ 29,323.53

Since most or all of the present reserves will be depleted by the end of 1960, a further increase in membership dues would permit replacement of some of these emergency funds during the same period the new headquarters is being paid for. If \$10.00 per member were added this would cover the deficit and leave \$28,750 for investment in reserve funds each year. Thus by the time the new headquarters were paid off (in approximately 6 years) the reserves for emergencies would again be built to approximately \$145,000. The need for such emergency funds cannot be overemphasized with such programs as the Forand-type legislation and other national and state emergency programs which are trying to change the free private practice of medicine into government-controlled and governmentally operated services.

Salaries of the executive staff of the MSMS and member officers were received. Comparisons were drawn with other societies with activities compared with those of the MSMS. The committee found that our Society was very conservative in its reimbursement of these men. Lower echelon paid staff salaries and benefits were found to be in line with others in similar jobs in Lansing.

Other facets of Society program, operation and financing, too numerous to mention were studied. Delegate activities, alternate delegate activities as well as public

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education, public service, professional relations and such programs designed to educate lay people representing all areas in the state were examined and found to be sound.

### Conclusions

1. The officers and professional staff of the MSMS are to be commended again for their leadership in a program which is sound and well administered.

a) The AMA Delegates and Alternates as well as members of The Council, committees and others active in the Society make a very valuable contribution to the public and Society welfare at a significant personal sacrifice in most instances.

b) The part-time officer and full-time key professional staff salaries are conservative. Other salaries and benefits are standard for comparable work.

2. The MSMS dues picture over the past few years, while conservative, has permitted the Society to maintain its leadership among other state societies in matters of national and universal interest. This financial support has also permitted the Society to provide excellent state and local education and to provide extraordinary services to the public and to its member physicians.

At the same time, the Society has been able to provide appropriate quarters for its many activities without too much financial strain.

Rising costs cannot be ignored, however, here as elsewhere. A dues increase will be required to continue the orderly progress of the Society. The committee recommends a \$10 increase to \$75 per year starting at the beginning of 1961. This should permit a continuation of MSMS activities at their present level with the accumulation of reserves to meet unforeseeable emergencies and should permit paying off the loan on the building in about six years. The committee recommends a dues increase rather than an assessment because dues are income tax deductible.

3. The committee recommends the study of the establishment of a "ways and means" type of reference committee of the House of Delegates to appraise the costs of new or special House of Delegates projects before they are voted by the House.

4. The committee recommends that another Finance Study Committee of the House be established in five years to function as have the committees of 1956 and 1960.

THE VICE SPEAKER: Thank you, Dr. Engelke, for this study, the meticulous report on the financial structure of the Michigan State Medical Society. This report will be referred to the Reference Committee on Special Committees.

### XV. REPORTS OF MSMS STANDING COMMITTEES

The Committee on Postgraduate Medical Education, and the report on Preventive Medicine Committee with its subcommittees; namely (1) Committee on Rheumatic Fever Control; Maternal Health Committee (and subcommittees); the Venereal Disease Control Committee.

Occupational Medicine Committee; Tuberculosis Control Committee; Mental Health Committee; Child Welfare Committee (and subcommittees); Iodized Salt Committee; Geriatrics Committee, and Committee on Diabetes.

The Public Relations Committee (and subcommittees). The report of the Ethics Committee. The Legal Affairs Committee.

These reports of Standing Committees will be referred to the Reference Committee on Standing Committees.

### XVI. REPORTS OF MSMS SPECIAL COMMITTEES

The Special Committees are (1) Scientific Radio Committee; the Advisory Committee to Woman's Auxiliary; the Advisory Committee to Michigan State Medical Assistants Society and the Study Committee on Prevention of Highway Accidents.

There are no reports available on the Mediation Committee or Special Committee to Meet with Michigan Funeral Directors Association—all referred to Reference Committee on Special Committees.

THE SPEAKER: Dr. Findlayson will be acting chairman of the Committee on National Defense and Disaster Planning.

R. WALLACE TEED, M.D.: Mr. Chairman, I believe it is obvious to all of us here that a tremendous amount of work has gone into the reports made not only by the Council, but by the various committees this morning. As a result, we are better able to carry on our work.

I would move a vote of appreciation and commendation to these committees.

[The motion was duly seconded.]

THE SPEAKER:

All those in favor say "aye"; opposed "no".

[Carried.]

[The meeting recessed at 12:50 o'clock.]

## MONDAY EVENING SESSION

September 26, 1960

The third meeting of the House of Delegates reconvened at 8 o'clock with J. J. Lightbody, M.D., The Speaker, presiding.

CLIFFORD W. COLWELL, M.D. [Genesee]:

Resolution No. 53

Introduced by Genesee County Medical Society Resolution Committee

### XII—53. RESIDENCY TRAINING PROGRAMS

Whereas, The Council on Medical Education of the AMA has decided that an increasing emphasis in the future will be placed on outpatient clinic teaching for residency training programs, including general practice residencies, and

Whereas, today's private hospital does not have any significant indigent patient case load to justify outpatient clinics on a recurring patient basis, and

Whereas, the private hospital has much to offer the general practice resident and in fact, does a large part of the training of general practitioners, and

Whereas, organized medicine does not sanction nor want to encourage hospitals to engage in the private practice of medicine through outpatient clinics, and

Whereas, it is not feasible, nor should it be demanded that private staff physicians establish office practice in hospitals for training purposes, therefore be it

RESOLVED: That our delegates to the AMA House of Delegates be instructed to present to the AMA House of Delegates a resolution establishing the policy that the extent of ambulatory patient care in general practice residencies be determined by local conditions and that outpatient clinics in private hospitals not be a condition for approval of a general practice residency program.

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

LOUIS F. HAYES, M.D. [North Central]:

Resolution No. 54

Introduced by North Central Counties Medical Society Committee on Rules and Order of Business

### XII—54. REVISED RULES AND ORDER OF BUSINESS OF HOUSE OF DELEGATES

Whereas, the majority of discussion, expression of opinion and the bulk of work accomplished is in the

No. 1-A, JMSMS



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meetings of the Reference Committees of the House of Delegates, and

Whereas, under the present order of business, insufficient time is allotted to meetings of reference committees, and

Whereas, the number of items of business to be considered by the House are increasing, and

Whereas, the problems considered are becoming increasingly more complex, requiring that more time be spent in discussion, therefore be it

RESOLVED: That the annual meetings of the MSMS House of Delegates consist of six meetings with the following Order of Business:

### *Sunday Afternoon*

1. Call to Order by Speaker
2. Report of Committee on Credentials
3. Roll Call
4. Prayer
5. Appointment of Reference Committees
6. Speaker's Remarks
7. President's Remarks
8. President-elect Remarks
9. Annual and Supplemental Reports of The Council
10. Report of Delegates to American Medical Association
11. Brief of Annual Report of Woman's Auxiliary
12. Brief of Annual Report of Michigan State Medical Assistants Society
13. Report of Michigan Medical Service
14. Awards

### *Sunday Evening*

15. Reports of House Committees
16. Reports of Standing Committees of MSMS and Special Committees of MSMS
17. Introduction of Resolutions

### *Monday A.M.*

### *Monday P.M.*

### *Tuesday A.M.*

18. Introduction of Resolutions
19. Reports of Reference Committees

### *Tuesday P.M.*

20. Final Report of Reference Committees
21. Elections

and be it further

RESOLVED: That to save time and implement the work of the delegates, that

- A. The present printed handbook be discontinued
- B. That all preliminary reports of
  1. The Council and Council Committees
  2. Delegates to the AMA
  3. Michigan Medical Service
  4. House Committees
  5. MSMS Committees

now included in the printed handbook be discontinued.  
C. That all of the above reports be complete and included in the loose-leaf notebook introduced at this session; such reports being completed as of the 31st of August, and

D. The above notebooks with complete reports be sent to delegates by the 20th of September, and

E. The present loose-leaf notebook include other miscellaneous information (such as the Constitution, Committee Membership, etc.) now included in the printed handbook, and

F. That all reports of the above Committees be accepted by the delegates in the printed form with only explanatory remarks being made by the chairmen from the podium.

THE SPEAKER: This resolution is referred to the Reference Committee on Rules and Order of Business which will be made up of Dr. Weston as chairman, Dr. Brown, Dr. Wenzel and Dr. Oakes.

EDWIN H. FENTON, M.D. [Wayne]:

Resolution No. 55

Introduced by Wayne County Medical Society  
Legislation and Public Relations Committee

### XII—55. THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION

Whereas, the People-to-People Health Foundation (and its Project Hope) has been established to bring the skills and techniques developed by the American Medical and allied professions to other nations of the free world in their own environment, adapted specifically to their needs and their ways of life; and

Whereas, the Foundation depends on the support of the American people led by doctors of medicine, the allied professions, business and industry; and

Whereas, many doctors of medicine, local, state and national medical organizations have endorsed the Foundation's program; and

Whereas, a number of members of the Michigan State Medical Society have volunteered to serve on a representative committee of doctors of medicine in our state; therefore be it

RESOLVED: That the Michigan State Medical Society endorses and commends the interests and objectives of the People-to-People Health Foundation and the work of the Michigan Physicians Committee for the People-to-People Health Foundation.

THE SPEAKER: This resolution will be referred to the Reference Committee on Legislation and Public Relations.

ROSS V. TAYLOR, M.D. [Jackson]:

Resolution No. 52

Introduced by Jackson County Medical Society  
Legislation and Public Relations

### XII—52. MICHIGAN CRIPPLED CHILDREN COMMISSION FEE SCHEDULE

Whereas, the fee schedule of the Crippled Children's Commission is wholly unrealistic and inadequate in comparison to any other governmental fee schedule including all welfare fees—and

Whereas, many physicians have a significant part of their practice devoted to the care of crippled and afflicted children, and

Whereas, we as doctors of medicine desire the highest quality of medical care for our crippled and afflicted children, therefore be it

RESOLVED: That the Legislature of the State of Michigan be requested to adjust the Michigan Crippled Children Commission fee schedule for doctors of medicine to conform to the Michigan Uniform Fee Schedule for Government Welfare Agencies.

THE SPEAKER: This resolution has been referred to the Reference Committee on Legislation and Public Relations.

\* \* \*

I would like the House to give a formal welcome to the two deans of our medical schools who are now present, Dean Hubbard of the University of Michigan and Dean Gordon Scott of Wayne State. (*Applause*)

We are very happy to have both of you here. Feel free to roam through all the committee meetings and sessions of the House.

## XVII. REPORTS OF REFERENCE COMMITTEES

### XVII-1. REFERENCE COMMITTEE ON REPORTS OF THE COUNCIL

JAMES B. BLODGETT, M.D. [Wayne]:

#### XVII-1a. ANNUAL REPORTS OF THE COUNCIL

The committee considered the Annual Report of The Council 1959-1960 as published in the Handbook for Delegates and the Supplemental Report of The Council as presented to the House by the Chairman, Dr. Meier.

The committee commends the members of The Council for the large amount of work they have accomplished this year and notes that the monthly meetings of The Council were attended by the entire Council rather than an Executive Committee of The Council.

The Committee notes the continuing high level of scientific endeavors in the high quality of the scientific sections of the annual meeting in September and in the Michigan Clinical institute.

The Committee took no action on the financial reports of The Council, since these are covered by the House of Delegates Committee to review the Financial Structure of MSMS.

The committee notes the change in format in THE JOURNAL and the continued high quality of its scientific articles. We were favorably impressed by the stimulating effect of the issue devoted to a single county society.

The committee expresses its full approval of the splendid scope of the President's Program.

The improved communications between the Councilors and delegates for better integrated activity of the MSMS is commended.

We note with pride the fact that Michigan's Mrs. W. G. Mackersie was installed as president of the Woman's Auxiliary to the American Medical Association last June.

We approve the action of The Council in continuing the annual awards dinner, which was held in Detroit in January.

The MSMS Workshop on Aging held at the Kellogg Center, East Lansing on April 3, developed ten recommendations which are heartily endorsed by The Council and approved for implementation by The Council and this committee as follows:

(a) Removal of compulsory retirement by industry and labor through voluntary and legislative action.

(b) Encourage and work for program to provide work opportunities for the aged.

(c) Encouragement of state and community governments to share the purchase cost of voluntary health insurance for those over 65 who need financial assistance.

(d) Participation by the medical profession in the preliminary meetings on local and state levels prior to the 1961 White House Conference on Aging.

(e) Encourage increasing cash benefits to those receiving Old Age Assistance.

(f) Exploring the possibility of including under OAA the "marginally indigent" person who is dependent except for unusual trouble; and considering OAA as a possible mechanism for sharing of the premium cost of voluntary health insurance.

(g) Possible establishment of a privately financed plan comparable to the Federal Deposit Insurance Corporation (which guarantees bank depositors against loss) which would guarantee health insurance premium payments, in whole or in part as need dictates, for those over 65 who are unable to keep up such payments.

(h) Encourage pilot program for the construction of model housing units for the aged near a medical school so that scientific study could be given to the needs of the aged by faculty members. This could be done by private enterprise under present liberalized mortgage laws for this type of construction.

(i) Encourage an educational program calling for pre-retirement planning beginning at age 45.

(j) Place emphasis on a preventive medicine program to include periodic health appraisals; gathering of health data, control of communicable disease, improving patient care and rehabilitation in nursing homes through licensure, and the developing of chronic disease hospital units.

Mr. Speaker, I move the adoption of this portion of the report; the motion was seconded.

THE SPEAKER: It has been moved and seconded that this portion of the report be adopted.

J. DUANE MILLER, M.D.: I would like to amend the motion that this report be adopted with the omission of Section H.

WILLIAM J. YOTT, M.D.: I second the motion.

The amendment was put and lost.

The main motion was put and carried.

JAMES B. BLODGETT, M.D.: The committee approves the recommendation of The Council that a short general meeting of the Society be held to install new officers and for other pertinent business. The time of this meeting should be at the discretion of The Council.

Mr. Speaker, I move the adoption of this portion of the report. [*The motion was duly seconded and carried.*]

JAMES B. BLODGETT, M.D.: In the Handbook under Governmental Agencies the committee notes that a new printed revision of the Uniform Fee Schedule for Governmental Welfare Agencies was developed by the House of Delegates Permanent Advisory Committee on Fees and was distributed to all Governmental Agencies and personnel in December 1959. The committee is informed that this fee schedule closely parallels that of Plan A of the current Michigan Medical Service M-75 contract. The committee draws attention to the fact that these fees are substandard and not to be construed as representing proper fees for non-welfare agencies or services.

Mr. Speaker, I move the adoption of this part of the report. [*The motion was duly seconded and carried.*]

JAMES B. BLODGETT, M.D.: The reports of the thirteen committees of the Council were reviewed for information and are recommended to the delegates. The committee wishes to express its appreciation to the many members of these committees who have done so much to carry forward the work of the Michigan State Medical Society.

The committee notes with approval progress that is being made in the completion of the new headquarters building. The members of the Big Look Committee are highly commended for their continuing efforts toward the completion of this project. In the supplemental annual report of the Big Look Committee approval is requested for the expenditure of \$64,144.00 for the purpose of furnishing the building. This money has already been budgeted in the projected costs of the building in the Big Look report and the report of the House of Delegates Committee to review the financial structure of the MSMS. The committee approves this expenditure.

Mr. Speaker, I move the adoption of this portion of the report. [*The motion was duly seconded and carried.*]

JAMES B. BLODGETT, M.D.: The committee commends the work of the Public Relations Department in spite of the sometimes limited funds provided by The Council in the interest of economy.

Delegates are referred to the Handbook under "Matters Referred for Action by the 1959 House of Delegates." The committee reviewed all these actions and reports that the action taken by the Council was in conformity with both the letter and spirit of the resolutions referred to The Council.

Mr. Speaker, I move the adoption of this portion of the report.

[*The motion was duly seconded and carried.*]

JAMES B. BLODGETT, M.D.: Mr. Speaker, in the supplemental report of The Council, it is noted that The Council recommends that an early number of THE JOUR-

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NAL of the MSMS be dedicated to Dr. Haughey in recognition of his long and valuable service to MSMS. In this action your committee heartily concurs. The committee moves a standing vote of its recognition of Dr. Haughey's splendid service to the Michigan State Medical Society.

*[The motion was supported and carried by a rising vote.]*

JAMES B. BLODGETT, M.D.: With respect to the Campaign for Freedom the committee commends the Council and officers of the Society for their influence in defeating the Forand-type of legislation.

The Council offers fourteen recommendations for action by this House. The committee approves these recommendations as follows:

1. That the House of Delegates give approval to the President's Program and urge enthusiastic support of this important project by all members.

2. That the Council be authorized to arrange Councilor conferences prior to the annual session, to continue communication and share information with delegates, alternate delegates and component society officers, as during the past three years.

3. That the House of Delegates give fitting recognition to the first Michigan lady to become President of the Woman's Auxiliary to the American Medical Association—Mrs. W. G. Mackersie.

4. That the House of Delegates approve the holding of an annual "General Meeting" of the State Society.

5. That component societies be encouraged to sponsor "County-State Society Nights" once per annum, to augment communication and information on matters vital to the full membership of all county societies in Michigan.

6. That the House of Delegates approve amendment to the Bylaws (Chapter 10, Section 1) to confirm the traditional practice of electing the officers of The Council in September, immediately after the election of new Councilors by the House of Delegates.

7. That the House of Delegates reactivate the MSMS Cancer Control Committee by approving amendment to Bylaws (Chapter 11, Section 3) as the guidance and advice to this committee is necessary at this time.

CLARENCE I. OWEN, M.D.: I move this Seventh recommendation be removed from this report until we get the Reference Committee report on the report of the Committee on Committees. *[The motion was duly seconded and carried.]*

JAMES B. BLODGETT, M.D.: Recommendation 8, that The Council be authorized to send MSMS representatives to Washington, D. C., in 1961 on the occasion of the Annual Michigan Day, as recommended for many years by the House of Delegates.

9. That the House of Delegates endorse the action of The Council in developing and implementing an intensified crash program against political medicine for the aged; further, that the House of Delegates urge every MSMS member to recognize the seriousness of this threat and personally to inform his patients and other friends now of the fallacies and dangers of this ill-advised program which will dilute the present high quality of medical care for all people.

10. That the House of Delegates favorably consider a resolution establishing a system of awards for the employed personnel of the Michigan State Medical Society based upon length of time in satisfactory service and providing proper recognition in the form of insignia and other emoluments.

I would like to move that Sections 6 and 10 be deleted until other committees studying these matters bring in their reports.

*[The motion was supported, discussed and carried.]*

JAMES B. BLODGETT, M.D.: I think the rest of these recommendations are new recommendations and have not been covered by other resolutions.

11. MSMS invite other participants in the Michigan White House Conference on Aging to join with it in issuing a dissenting report on the Conference, which is

to be transmitted to the national conference in Washington in January, 1961.

THE SPEAKER: It has been moved by Louis F. Hayes, M.D. [No. Central] and seconded that we discuss the remaining recommendations of The Council and the supplementary report of The Council as individual recommendations. The motion was put and carried.

## Recommendation No. 1

CLARENCE I. OWEN, M.D.: I move that in view of discussion, we delete Item No. 1.

THE SPEAKER: The motion was made by Dr. Owen and seconded by Dr. Hayes to remove Item No. 1 from the recommendations.

All those in favor say "aye"; opposed "no". The motion was discussed and carried.

Recommendation No. 2 was reread by Dr. Blodgett who moved its adoption.

*[The motion was duly seconded and carried.]*

Recommendation No. 3 was reread by Dr. Blodgett who moved its adoption.

*[The motion was supported and carried.]*

Recommendation No. 4 was reread by Dr. Blodgett who moved its adoption.

*[The motion was duly seconded and carried.]*

Recommendation No. 5 was reread by Dr. Blodgett who moved its adoption.

*[The motion was duly seconded and carried.]*

JAMES B. BLODGETT, M.D.: Mr. Speaker, No. 6 and No. 7 have already been taken care of.

Recommendation No. 8 was reread by Dr. Blodgett who moved its adoption.

*[The motion was duly seconded and carried.]*

Recommendation No. 9 was reread by Dr. Blodgett who moved its adoption.

*[The motion was duly seconded, discussed and carried.]*

JAMES B. BLODGETT, M.D.: Recommendation No. 10 is for awards for personnel and has been temporarily bypassed.

Recommendation No. 11 was reread by Dr. Blodgett who moved its adoption.

*[The motion was duly seconded and carried.]*

Recommendation No. 12 was read by Dr. Blodgett: That MSMS express to the Michigan Legislature its concurrence in the two measures approved by that body on September 23, 1960, which provide health benefits for our needy aged citizens. MSMS also should extend to the Legislature and other state departments and agencies affected by this new legislation its fullest cooperation in implementing the new program and assessing the results.

Mr. Speaker, I move the approval of this recommendation.

*[The motion was duly seconded and carried.]*

## Recommendation No. 13

JAMES B. BLODGETT, M.D.: MSMS develop and carry out an alive, alert and dynamic program of civic participation in all proper political and legislative spheres to insure continuation of the principles it believes to be in the best interests of the American public. I move the adoption of this recommendation.

*[The motion was duly seconded and carried.]*

## Recommendation No. 14

JAMES B. BLODGETT, M.D.: MSMS periodically consider allocation of sufficient funds and provisions of adequate staff personnel as they become necessary for the successful pursuit of the above purposes.

Mr. Speaker, I move the approval of this recommendation.

*[The motion was duly seconded, discussed, and lost.]*

JAMES B. BLODGETT, M.D.: Mr. Speaker I move the adoption of this report in its entirety with the exception of those portions which have been deleted or amended.

*[The motion was supported and carried.]*

THE VICE SPEAKER: Thank you, Dr. Blodgett, for this fine report.

**XVII—2. REFERENCE COMMITTEE REPORT  
ON OFFICERS' REPORTS**

GAYLORD S. BATES, M.D. [Wayne]: The committee met on Monday afternoon, September 26. Referred to this committee were the Speaker's remarks, the President's remarks, the President-elect's remarks, the Report of the Delegates to the American Medical Association, the brief of the Annual Report of the Woman's Auxiliary, and the brief of the Annual Report of the Michigan State Medical Assistants Society.

**XVII—2a. SPEAKER'S REMARKS**

The committee compliments the Speaker for his explanations and suggestions designed to promote the orderly conduct of business in this House. The introduction of the loose-leaf Reference Notebook is worthy of mention, praise and perpetuation.

Mr. Speaker, I move the adoption of this part of this report.

*[The motion was duly seconded and carried.]*

**XVII—2b. PRESIDENT'S REMARKS**

GAYLORD S. BATES, M.D.: The remarks of our retiring President, Mr. Darling, reflected to your committee a devoted, loyal, thoughtful servant of this Society. We note his particular concern with the cause of medical education and the recruitment of promising young people to the profession of medicine. We believe this is of grave importance and should become an item of active interest to this Society. Sponsorship of Teen-age M.D. Clubs, as he suggested, could well become a useful device.

The comments upon finances of the Society and the re-creation of the Cancer Control Committee meet with approval.

Mr. Speaker, I move the adoption of this part of this report.

*[The motion was duly seconded and carried.]*

**XVII—2c. PRESIDENT-ELECT'S REMARKS**

GAYLORD S. BATES, M.D.: Regarding the President-elect's remarks, the burden was a call for unity in devotion to the basic interests of the medical profession, namely, the health and welfare of the public it serves. On a note of optimism the President-elect projected the new Society headquarters building as a focal point about which to mobilize, and from which to lead, all capable forces upon an ambitious five-year, state-wide health improvement program.

Your committee approves the concept of the so-called "President's Program" as a vehicle for uniting the profession to serve more effectively in promoting the health and welfare of the public. However, we have misgivings about the use of the five-year term, the promise of increased life expectancy and the MSMS centennial year, as devices to promote the program, lest the public relations aspect becomes dominant.

We suggest that the tenor of the remarks of the President-elect augur well for the Society for the coming year.

Mr. Speaker, I move the adoption of this portion of this report.

*[The motion was supported and carried.]*

**XVII—2d. DELEGATES TO THE AMERICAN  
MEDICAL ASSOCIATION**

GAYLORD S. BATES, M.D.: In the report of the Delegates to the American Medical Association there were no items of sufficient moment to draw comment from your committee. We can only thank the delegates for the informative report and the evidence of their active participation in the affairs of the parent association.

Mr. Speaker: I move the adoption of this portion of this report.

*[The motion was supported and carried.]*

**XVII—2e. PRESIDENT OF WOMAN'S AUXILIARY**

GAYLORD L. BATES, M.D.: The brief of the Annual Report of the Woman's Auxiliary serves its most useful purpose in bringing to the attention of this Society the varied activities which complement and enhance our own endeavors. Of particular importance is the program of scholarships and loan funds to aid in the recruitment of nurses and other personnel allied to the field of medicine.

Worthy of praise and thanks is the important though less tangible effort in the legislative field.

We compliment the Auxiliary and share their pride in the selection of one of their members, Mrs. Kathleen Mackersie, to be national president. Your committee extends congratulations for a fine year of accomplishment, and appreciation for the loyal support of the Auxiliary.

Mr. Speaker, I move the adoption of this portion of this report.

*[The motion was duly seconded and carried.]*

**XVII—2f. PRESIDENT OF MICHIGAN STATE  
MEDICAL ASSISTANTS SOCIETY**

GAYLORD S. BATES, M.D.: The brief of the Annual Report of the Michigan State Medical Assistants Society is an excellent one and merits approval. We cite for commendation a growth in membership, an increase in the number of component societies, and the operation of an In-Service Training Pilot Study. It is noted that there has been some difficulty in meeting quotas of students per class in certain pilot study areas. This project merits the support and encouragement of the Society.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

GAYLORD S. BATES, M.D.: Mr. Speaker, I move the adoption of the entire report.

*[The motion was supported and carried.]*

THE VICE SPEAKER: Dr. Bates, we say thanks for your prompt report.

**Orchids to President Mrs. Kathleen Mackersie**

LOUIS F. HAYES, M.D.: Mr. Speaker, I would like to make a comment and a motion regarding these last two committee reports. We have, as the House of Delegates, approved an action, a recommendation of The Council. We have also approved the officers' report wherein it was stated that fitting recognition should be given to Mrs. Mackersie for her election as President of the Woman's Auxiliary of the American Medical Association, but there has yet been no formal motion to make a fitting recognition, so I would like to move that this House unanimously extend by written letter, if she is not able to be present, our congratulations and our pride in her election and accompany that with—which is dear to all females—some kind of flowers.

*[The motion was supported and carried.]*

**XVII—3. REFERENCE COMMITTEE ON  
REPORTS OF STANDING COMMITTEES**

JOHN G. SLEVIN, M.D.: The Reference Committee met on the afternoon of September 26, 1960.

**XVII—3a. HOUSE OF DELEGATES COMMITTEE  
TO STUDY MSMS PUBLICATIONS**

This annual report was approved with the exception of the section regarding the selection of the editor. It



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is recommended that there be no change in the present method of appointment of the editor of *THE JOURNAL* Michigan State Medical Society.

It is noted that The Council has established the Publications Committee of The Council as the Editorial Board, which assumes, with the Editor, responsibility for *THE JOURNAL*. Attention is invited to the fact that the Committee on Committees made a similar recommendation concerning the Editorial Board and advised that Chapter 10, new Section 2 (c), be added to the Bylaws. Your Reference Committee recommends the adoption of this change in the Bylaws.

Mr. Speaker, I move the adoption of this portion of the report.

THE VICE SPEAKER: Do I hear support?

[The motion was duly supported and carried.]

### XVII—3b. POSTGRADUATE MEDICAL EDUCATION COMMITTEE

Approval of the report is recommended. Your Reference Committee considers that the work of the Postgraduate Medical Education Committee deserves commendation. It should be noted that the committee is prepared to give postgraduate educational courses especially in the smaller communities whenever requested.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

### XVII—3c. PREVENTIVE MEDICINE COMMITTEE

Approval of the report is recommended.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was supported and carried.]

### XVII—3d. RHEUMATIC FEVER CONTROL COMMITTEE

It was noted that the Rheumatic Fever Control Committee discussed the necessity for continuing the committee and the problem of obtaining a coordinator for the Rheumatic Fever Control Committee. Your Reference Committee considers that the problems involved might be resolved if the scope of the committee was broadened to include cardiac disease in general and recommends that this be done as it is in keeping with the sense of Resolution No. 31, the President's Five-Year Program as well as the recommendation concerning this committee made by Committee on Committees. The report of the Rheumatic Fever Control Committee is approved by your Reference Committee.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was supported and carried.]

### XVII—3e. MATERNAL HEALTH COMMITTEE

Your Reference Committee recommends the approval of the report, and that the Maternal Health Committee intensify its study to reduce maternal mortality.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

### XVII—3f. VENEREAL DISEASE CONTROL COMMITTEE

This report was studied and found to be very interesting especially in view of the increase noted in syphilis in Michigan of 21%, despite the efforts already being made for venereal disease control. Your Reference Committee approves the report and recommends that the educational campaign to control venereal disease should be intensified. The work of the Venereal Disease Control Committee deserves commendation.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

### XVII—3g. TUBERCULOSIS CONTROL COMMITTEE

Your Reference Committee approves the report and particularly commends this committee for the recommendations contained in their report. Special attention is invited to their seventh and tenth recommendations which are that component societies establish or reactivate tuberculosis control or public health committees and that county medical societies devote at least one meeting every three years to the subject of tuberculosis.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

JOHN G. SLEVIN, M.D.: Your Reference Committee invites your attention to the recommendation made by the Committee on Committees that the Venereal Disease Control and Tuberculosis Control Committees be combined into a Communicable Disease Committee thus broadening its scope of action.

### XVII—3h. IODIZED SALT COMMITTEE

### XVII—3i. OCCUPATIONAL MEDICINE COMMITTEE

### XVII—3j. MENTAL HEALTH COMMITTEE

These three reports were reviewed and approved.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was supported and carried.]

### XVII—3k. CHILD WELFARE COMMITTEE

The Reference Committee approves the report and wishes to commend this committee for performing an excellent community service. Your Reference Committee considers the work of the Child Welfare Committee to be the kind of public relations that best exemplifies Medicine's service to the public.

Mr. Speaker, I move the adoption of this portion of the report.

THE VICE SPEAKER: Support?

[The motion was duly seconded and carried.]

### XVII—3l. GERIATRICS COMMITTEE

This report was approved with the exception of Item 6 (page 122 of the Handbook). The Committee reserves approval with regard to the pilot study being conducted in the Grand Rapids area until it is determined whether the screening of Old Age Assistance persons is being conducted by a private practitioner of medicine or as a public health project. The committee wishes to be sure that there is no encroachment by this pilot study on private practice. The committee also notes that the Geriatrics Committee was active in Michigan's White House Conference on Aging and believes that the House of Delegates should encourage the committee to rebut the Michigan report at the White House Conference next January.

Mr. Speaker, I move the adoption of this portion of the report with the exception of Item No. 6 of the Geriatrics Committee's Report.

THE VICE SPEAKER: Is there support?

[The motion was duly seconded and carried.]

### XVII—3m. COMMITTEE ON DIABETES CONTROL

### XVII—3n. PUBLIC RELATIONS COMMITTEE



# **XVII—3o. ETHICS COMMITTEE**

These three reports were considered and approved.  
Mr. Speaker, I move the adoption of this portion of the report.

THE VICE SPEAKER: Is there support?

[The motion was duly seconded and carried.]

# **XVII—3p. LEGAL AFFAIRS COMMITTEE**

The committee is to be commended for its extensive activities and hard work which has been most helpful to the memberships of MSMS in protecting our interest. It should be brought to the attention of the members that because of the activities of the Legal Affairs Committee in reviewing 122 bills presented to the State Legislature, covering a variety of medical problems, that no legislation inimical to the medical profession was passed at the last legislative session. Your Reference Committee approves the report of the Legal Affairs Committee.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

JOHN G. SLEVIN, M.D.: Your Reference Committee recommends that each Annual Report indicate the number of meetings held by each committee during the year to show how active the committee has been and that committee recommendations be summarized.

Mr. Speaker, I move the adoption of the entire report.

[The motion was duly seconded and carried.]

THE VICE SPEAKER: Dr. Slevin, I wish to express the thanks of the chair for your excellent report and consideration of your subject material.

RALPH A. JOHNSON, M.D.: I would like to take this opportunity to introduce two modest observers we have from the Hoosier State. I would like to present Dr. Earl Mericle, President of the Indiana State Medical Society, and Mr. James Waggener, Executive Secretary of the Indiana State Medical Society. With typical Hoosier modesty, they prefer to remain in the balcony.

THE VICE SPEAKER: Gentlemen, you are most welcome, and I hope the members of this delegate floor will certainly facilitate your stay and pleasure here.

THE VICE SPEAKER: It has been brought to my attention that we have been favored with the presence of J. C. Allison, M.D., who is the Assistant Secretary of the Ontario Medical Association. On behalf of the Society, I would like to welcome you very much, Dr. Allison, to our deliberations, and may you please feel free to enter into any of our resolutions committees for attendance and perusal.

# **XVII—4. REFERENCE COMMITTEE ON REPORTS OF SPECIAL COMMITTEES**

## **XVII—4a. SCIENTIFIC RADIO COMMITTEE**

K. T. MCGUNEGLE, M.D.: The committee's work was reviewed as published in the Handbook and was commended for doing its work so admirably within the budget established for it.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

## **XVII—4b. ADVISORY COMMITTEE TO WOMAN'S AUXILIARY**

This work was reviewed as printed in the Handbook, and the committee was commended for its work.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

# **XVII—4c. ADVISORY COMMITTEE TO MICHIGAN STATE MEDICAL ASSISTANTS SOCIETY**

This committee's work was reviewed as printed in the Handbook, was approved and the committee commended.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

## **XVII—4d. COMMITTEE ON STUDY OF PREVENTION OF HIGHWAY ACCIDENTS**

This committee's work was reviewed, as printed in the Handbook, and the committee commended. The Reference Committee was disturbed by the apparent lack of response of the automobile manufacturers when urged to incorporate safety features in their products. The committee recommends that The Council write to such manufacturers deploring the present status and that suitable publicity be given to said letters.

Mr. Speaker, I move the adoption of this portion of the report.

THE VICE SPEAKER: Is there support?

[The motion was duly seconded and carried.]

# **XVII—4e. HOUSE OF DELEGATES COMMITTEE TO REVIEW THE FINANCIAL STRUCTURE OF MSMS**

This report, hereafter, will be known as the Engelke Report. Much of it is factual information. The committee studied this report in detail and wishes to bring a few points to your attention, namely, one on page seven, this statement:

"A rough analysis of the cost of this study—referring to the relative value study—would seem to remind us that some House of Delegates actions cost a lot of money and should be very well thought out."

The committee particularly approved of that statement.

The budget of the Society was considered in detail, and it was pointed out that certain cuts in the budget were possible if the Society preferred to reduce its services to a concomitant degree.

On page 18, the question of maintaining what are considered adequate reserves was discussed thoroughly, and your Reference Committee concurs with the report that an effort should be made to maintain reserves even throughout the period of new building construction and cost retirement.

The committee reviewed the headquarters building costs and plans and agreed that they were both necessary and unavoidable, and recommends that the building be used for as many Society functions as are feasible and practical.

The committee also discussed the philosophy of borrowing to pay for the completion of the building, and concurred that it was more desirable to handle it in this fashion than to attempt to pay it off in a shorter time.

The committee then reviewed the conclusions of the Engelke Report which are one page long, and I would like to read them.

1. The officers and professional staff of the MSMS are to be commended again for their leadership in a program which is sound and well-administered.

a) The AMA delegates and alternates as well as members of The Council, committees and others active in the Society make a very valuable contribution to the public and Society welfare at a significant personal sacrifice in most instances.

b) The part-time officer and full-time key professional staff salaries are conservative. Other salaries and benefits are standard for comparable work.

2. The MSMS dues picture over the past few years, while conservative, has permitted the Society to maintain

its leadership among other state societies in matters of national and universal interest. This financial support has also permitted the Society to provide excellent state and local education and to provide extraordinary services to the public and to its member physicians.

At the same time, the Society has been able to provide appropriate quarters for its many activities without too much financial strain.

Rising costs cannot be ignored, however, here as elsewhere. A dues increase will be required to continue the orderly progress of the Society. The committee recommends a ten dollar increase to \$75.00 per year starting at the beginning of 1961. This should permit a continuation of MSMS activities at their present level with the accumulation of reserves to meet unforeseeable emergencies and should permit paying off the loan on the building in about six years. The committee recommends a dues increase rather than an assessment because dues are income tax deductible.

We quoted directly from the Engelke Report because we felt it was presented more ably than we were able to do in the short time we had.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded.]*

RALPH R. COOPER, M.D.: I would like to ask a question. The report of the Engelke Committee seems to indicate that the present \$65 dues are to continue indefinitely. If my memory serves me correctly, when we agreed to have the graduated increase assessment of \$5, \$10, \$15 over a period of five years, this was to terminate automatically in 1961. I don't believe there has been any action of the House to continue this beyond 1961. Therefore, I would like information on that point. If I am right, this automatically discontinues. Then the figure of \$75 would actually mean a \$25 increase rather than a \$10 increase.

THE VICE SPEAKER: Would you care to clarify this situation?

KEATE T. MCGUNEGLE, M.D.: The statement is the committee recommends a \$10 increase to \$75 per year starting at the beginning of 1961. It is the committee's understanding that the \$15 continues through 1961, and we went no farther than 1961.

RALPH R. COOPER, M.D.: All right, I would like to ask the Chair what the status of that \$15 raise is. Was it to end in 1961?

THE VICE SPEAKER: Yes, according to the present action this would end in 1961. Action would have to be taken by the House. I would like to ask Dr. Engelke to comment on this.

OTTO K. ENGELKE, M.D.: Mr. Chairman, Members of the House and Guests: It was the committee's opinion that this action would establish the dues of the Michigan State Medical Society at \$65 beginning in 1961. It was not the committee's opinion that this \$10 raise was for 1961 only. The committee disagrees with the doctor who just spoke when he says that this, in effect, makes for a \$25 increase in dues.

The committee believes that this is just what the committee said it was, a \$10 increase in dues. The dues currently are \$65. We are recommending that they be made \$75.

If in 1961 the philosophy of the doctor holds, then you would have a dues reduction in 1961 of \$15. This was not the idea of the committee. We believe that the language, however, I believe, I shouldn't say we. I can't speak for the other committee members. We haven't studied this lately. I believe the language might be improved somewhat. However, I would like to point out again that when this House establishes the dues at \$75 as is established in this report, that any action it took prior to this time no longer applies. That is, whenever we pass legislation, we don't have to carefully go back and review every piece of legislation that was pertinent through the years that was passed.

I think this is a decision the House can make right

now. If something can be done to clarify the language, I think this could be done by adding a clause to the effect that the dues be increased \$10 to \$75 beginning in 1961 and subject to any subsequent action of the House. I think that would cover it. This was the sense of the committee.

THE VICE SPEAKER: Would you care to so move as an amendment?

OTTO K. ENGELKE, M.D.: I will move.

*[The motion was supported.]*

THE VICE SPEAKER: Now we are open for further discussion of this amendment.

THOMAS J. DILLON, M.D. [Van Buren]: A motion to refer takes precedent over a motion to adopt. Because of the fact the chairman has stated the members of his committee are not conversant with the wording, I move that this be recommitted for further evaluation.

*[The motion was duly seconded.]*

OTTO K. ENGELKE, M.D.: I think the committee is perfectly familiar with the language of this report. It had their complete endorsement. They have read it and understand it thoroughly. All I am suggesting is language that might clarify some of the points. Since the philosophy of the committee will be just exactly that which I suggested, this represents no change in the committee's philosophy.

RALPH R. COOPER, M.D.: Mr. Chairman, I am a little thick, I am afraid, but I still don't know whether after 1961 my dues would be increased by \$10 or \$25. I am afraid it would be \$25, so I would still like to have it recommitted, to have the thing clarified in language that I can understand.

HAROLD A. FURLONG, M.D.: Mr. Speaker, I believe that there is some misunderstanding here. I was the chairman of the Reference Committee. I think it was in 1957 when The Council was asking for a \$15 increase in the dues for that year. We compromised for a \$5 increase for one year, \$10 for the next year and \$15 for the next year. Then that was to expire. So I think that some provision must be made to carry on that \$15 beyond 1961 if you want to raise the dues to \$75. I think the suggestion that this be recommitted to the committee is a very wise thing because that should be cleared up.

I would be in favor of recommitting this matter to the committee until they can investigate and see if we are not right about that.

OTTO K. ENGELKE, M.D.: I think that if my memory serves me correctly, what we are discussing is a motion now to refer.

THE VICE SPEAKER: Refer this back to the committee for further investigation.

OTTO K. ENGELKE, M.D.: I think the sense of the committee could be made quite clear without such a referral. Just recognize the powers of the House of Delegates to establish the dues in this organization from time to time without the necessity of reviewing previous actions of the House of Delegates. If the House were to simply say that effective the beginning of 1961 the dues of this Society would be \$75, this would be the sense of the committee. I don't think that requires a referral. You will accomplish what the committee wanted, and that was to give the Society ample funds to operate.

It would not be a \$25 increase in dues. It would be a \$10 increase in dues effective in 1961. To be sure, it wouldn't be the \$15 reduction that was planned in 1956 before 1960 needs were known, but it would be a \$10 increase. However, to make the language quite clear, I think all we have to say, and I think we have all the power in the world to say it, is that effective the beginning of 1961 the dues be \$75.

KEATE T. MCGUNEGLE, M.D.: Mr. Speaker, the recommendation of the committee regarding this matter is one sentence. The committee recommends a \$10 increase to \$75 per year in dues starting at the beginning of 1961.

DE VERE R. BOYD, M.D. [Muskegon]: I think we are a little bit in error in our knowledge of what has been

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done. It is the impression of my constituents and myself that as Dr. Furlong mentioned, that the assessment was supposed to have been paid up in 1961. If so, then our dues should be \$60 a year instead of \$75.00.

THE VICE SPEAKER: We are voting at this time on the motion to return this to the Reference Committee for further deliberation.

The motion was put and was defeated.

THE VICE SPEAKER: Now we are voting on the amendment to the effect that your dues are \$75 a year.

CLARENCE I. OWEN, M.D.: Mr. Chairman, I don't believe that anyone here should go back to their constituents and tell them that they voted tonight to raise the dues to \$75. Already your constituents expect the dues to be reduced back to \$50. If you say they are going to \$75, you will tell them you voted a 50% increase in dues which is exactly what you will be doing.

It is high time, gentlemen, that we economize, that we take some cognizance of the fact that there is some end to money some place. True, \$25 doesn't sound like very much. We could all pay it, but I have heard no effort on the part of our State Society to economize. I have heard no effort on the part of our State Society to get some voluntary contributions for the building.

In Wayne County we were very successful. We had some very substantial voluntary contributions from our members. We eventually had an assessment, but a great portion of our building was paid by voluntary contributions.

We have made no effort along this line whatsoever, and I would urge you gentlemen to defeat this motion to increase our dues at this time.

PAUL T. LAHTI, M.D.: I would disagree with Dr. Owen. I think this is not a time to economize. Those of us who listened to Nixon and Kennedy just now realize there is still a great battle ahead. I think the Campaign for Freedom and all the other campaigns that our State Society has promoted in the last year are going to take more and more money. I don't think that any of us has to worry about a \$15 or \$20 increase.

It is not much more than you spend to go out for dinner one night in the year. I think the reason that some of the labor unions are so strong is because they have money in the treasury. If we are going to maintain our position as leaders in the medical profession, and maintain a strong State Society, I think we need money in the treasury. I would, therefore, support the motion that the dues be \$75 a year.

THE VICE SPEAKER: You are now voting on whether your dues will be \$75 a year. All those in favor say "aye"; those opposed "no." The motion is carried.

That is the amendment. Now we have to pass on the main motion.

The main motion was put and carried.

KEATE T. MCGUNEGLE, M.D.: The committee further recommends that an abstract of this report be printed in the Journal as soon as possible for the benefit of the entire membership.

Mr. Speaker, I move for the adoption of this recommendation.

[The motion was duly seconded and carried.]

KEATE T. MCGUNEGLE, M.D.: The committee also recommends that another finance study committee of the House be established in three years to function as have the committees of 1956 and 1960.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

KEATE T. MCGUNEGLE, M.D.: Paragraph 3 recommended the study of the establishment of a "ways and means" type of reference committee of the House of Delegates.

This committee spent considerable time discussing the means by which that may be done. They approved very strongly the thought behind it, and since the committee must meet again, they took no action with the assumption

that tomorrow we will bring in a resolution attempting to solve this rather complex problem.

There is no recommendation on paragraph 3.

Mr. Speaker, I recommend the adoption of this portion of the report.

[The motion was duly seconded and carried.]

KEATE T. MCGUNEGLE, M.D.: Mr. Speaker, I move the adoption of this portion of the report as presented so far.

[The motion was duly seconded and carried.]

THE VICE SPEAKER: Thank you very much, Doctor, for this report and your careful consideration.

### XVII—5. REFERENCE COMMITTEE ON CONSTITUTION AND BYLAWS

#### XVII—5a. RESOLUTIONS 10 AND 22 RE POSTGRADUATE MEDICAL EDUCATION COMMITTEE

RALPH R. COOPER, M.D.: No. 22 was No. 51 from the 1959 session. It was entitled: Committee on Postgraduate Medical Education.

Resolution No. 22 was disapproved. We approved Resolution No. 10 in principle, with the deletion of the phrase, "That the chairman would be the director of the Department of Postgraduate Medicine at one of the Medical Schools in the state." We propose a Bylaw change to implement this as follows:

"RESOLVED: That Chapter II, Section 2 of the Bylaws be changed to read, that the Committee on Postgraduate Medical Education shall consist of a chairman in addition to twelve members, that among the members shall be included the heads of the departments of Postgraduate Medical Education for each of Michigan's Schools of Medicine. The deans of each medical school or a representative chosen by them, the past chairman of the Committee on Postgraduate Medical Education, and a representative of the Michigan Department of Health shall be among those invited to serve in an advisory capacity. Four of the twelve members shall be appointed each year to serve a three-year term."

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was supported and carried.]

#### XVII—5b. REPORT OF THE SPECIAL COMMITTEE TO STUDY THE ELECTION OF COUNCILORS ON GEOGRAPHIC BASIS AND THE STATUS OF COUNCILORS AS VOTING MEMBERS OF THE HOUSE OF DELEGATES WITH RESOLUTIONS NOS. 11, 12, 13 AND 44

Resolutions 11 and 12 were disapproved since The Council acts as an interim body for the House of Delegates, and it was thought therefore that confusion of responsibility would result if Councilors were elected by popular vote. It was also felt that if the Councilors were not elected by popular vote, that they should not be granted a vote in the House of Delegates. Resolution 13 was amended by deleting the phrase, "and provided further that no more than eight Councilor terms shall expire normally in any annual session." This was merely for clarification.

Resolution No. 13 as amended was then approved.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded, action was postponed.]

RALPH R. COOPER, M.D.: Resolution 44 was approved.

THE VICE SPEAKER: This is an amendment to the Constitution, and therefore will have to lay over for one year. Therefore, no action can be taken at this Session.

**XVII—5c. PETITION FOR REVOCATION OF CHARTER RESOLUTION NO. 14 ON CLARIFICATION OF THE MICHIGAN STATE MEDICAL SOCIETY BYLAWS**

The resolution was approved as submitted.

The resolve of that is now in the report. Perhaps I should read it. It changes a word.

"Petition for the revocation of charter of any component county society may be filed with The Council by a Councilor of the District within which *each* society is located, etc."

That is the way it is printed now. It should be changed according to the motion to:

"Petition for the revocation of charter of any component county society may be filed with The Council by a Councilor of the District within which *such* society is located, etc."

The way it is now in the book, every county society would have to file. We feel this was a misprint and should be changed from "each" to "such" for clarification.

I move the adoption of this portion of the report.

[The motion was duly seconded, action was postponed.]

**XVII—5d. RESOLUTION NO. 18 ON CONSISTENCY OF COUNTY-MSMS BYLAWS**

This was discussed and the "Resolved" was amended to read:

**RESOLVED:** That Chapter I, Section 1 of the Bylaws of the Michigan State Medical Society shall be changed to read "The Charter of each component county society shall be authorized by the House of Delegates and signed by the President and Secretary of the Michigan State Medical Society. Such Charter shall require that the Constitution and Bylaws of such component county society be at all times consistent with the provisions of the Constitution, and Bylaws of the Michigan State Medical Society, and with any amendments thereto hereafter adopted."

THE VICE SPEAKER: Since this is a change in the Bylaws it will have to lay over for one meeting before we can take action on it.

**XVII—5e. RESOLUTIONS 20, 21 AND 23 DEALING WITH THE ELECTION AND VOTING POWER OF THE SECRETARY AND TREASURER**

Resolutions 20 and 21 were disapproved because it was felt that because of the special qualifications necessary to perform the duties of the Secretary and Treasurer, it would be better if the present method of election were continued. Resolution No. 23 was amended to read:

**"RESOLVED:** That the Constitution of the Michigan State Medical Society be amended by deletion of the phrase in Section 1, 'With the Secretary and the Treasurer, the last two being elected by the foregoing,' and by the addition of a new Section 2, 'It shall elect a Secretary and Treasurer who will serve without the right to vote.' The present Section 2 would be renumbered Section 3."

This motion has been laid over since last year. This represents merely word changing for clarification.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was supported and carried.]

RALPH R. COOPER, M.D.: We next considered the Annual and Supplemental Reports of the House of Delegates Special Committee to Review Constitution and Bylaws. Several amendments were made to the report as printed, mostly for the sake of clarification or errors in copy.

**XVII—5f. ANNUAL AND SUPPLEMENTAL REPORTS OF SPECIAL HOUSE OF DELEGATES COMMITTEE TO REVIEW CONSTITUTION AND BYLAWS**

On page 1, Section (c) of the Supplemental Report of this Special Committee there is a typographical error. The words "Section 4" are changed to read "Section 5 to Chapter 16" and in the next line, the words "Section 4" are changed to "Section 5." This is an error in numbering because additional sections had been added to Chapter 16 in the interim.

On page 2, no action was taken on Sections (d), (f), (g) or (j) because of previous recommendations of this committee. In Section (h), line 4, the word "dismissal" was changed to read "dismissal or."

Page 3, Sections (l) and (m), no action was taken because of previous recommendations of this committee. Item 1 at the bottom of page 3 of the Special Committee's report was amended to read "Amend Section 1 of Chapter 10 to read as follows: 'The Council is the Executive Body of this State Society, subject only to the following. It shall determine the times and places of its meetings. It shall hold an Annual Meeting in January of each year at which time it shall elect a Secretary, a Treasurer, and an Editor of the Journal of the Michigan State Medical Society, each to take office immediately and to serve for a term of one year or until his successor is elected and takes office. At its first meeting following the Annual Meeting of the House of Delegates, it shall elect a Chairman, a Vice Chairman, a Chairman of the Finance Committee, a Chairman of the County Societies Committee and a Chairman of the Publications Committee, each to take office immediately and to serve for a term of one year or until his successor is elected and takes office.'

I might say parenthetically that this is merely to put in words the procedure that I understand is actually being done at the present time.

Items 2, 3 and 4 on page 4 of the Special Committee's report were left as printed in the report. The recommendation for the reappointment of a committee of the House of Delegates to Review Constitution for next year was approved.

Mr. Speaker, I move the approval of this portion of the report.

[The motion was duly seconded.]

THE VICE SPEAKER: Hearing support, is there any discussion? If none, all in favor say "aye"; opposed "no." It is carried.

RALPH R. COOPER, M.D.: Mr. Speaker, I move the adoption of the entire report with the elimination of those parts that have to lay over until tomorrow or the next meeting.

THE VICE SPEAKER: We have one to the Bylaws that carries over until the next meeting and one change in the Constitution that carries over for a year.

[The motion was duly seconded.]

LOUIS F. HAYES, M.D.: There are other resolutions that have to lay over one meeting, too. Resolution No. 13 which has to do with change in Bylaws which was approved as amended, that should lay over until the next meeting as well as No. 14 which was approved and has to do with the change in the Bylaws.

There are a total of three resolutions having to do with change in Bylaws that should lay over one meeting and one resolution having to do with changes in Constitution from last year.

THE VICE SPEAKER: These will also be carried over until our next meeting.

[The motion was carried with commendation to the committee.]

[J. J. Lightbody, The Speaker, resumed the chair.]



XVII—6. REFERENCE COMMITTEE ON SPECIAL MEMBERSHIPS

ASSOCIATE MEMBERS

J. DUANE MILLER, M.D.: I move that these persons be made Associate Members of the Michigan State Medical Society:

[The motion was supported and carried.]

ASSOCIATE MEMBERSHIP:

Genesee.....MARGARET GOETZ, M.D.  
Kent.....WILLIS E. GOUWENS, JR., M.D.  
RUSSELL G. GRAFF, M.D.  
ROBERT M. EATON, M.D.  
RICHARD H. MEADE, M.D.  
Muskegon.....MR. A. T. LEONARD—  
Psychologist  
MR. JAMES C. CARLSON—  
Physicist  
Oakland.....ROBERT P. HULL, M.D.  
MARK S. BEAUBIEN—  
Project Hope  
Washtenaw.....JOSEPH M. ABELL, JR., M.D.  
ELI C. ABRAMSON, M.D.  
WALTER M. BAIRD, M.D.  
WILLIAM B. BAKER, M.D.  
ROBERT F. BARNETT, M.D.  
RICHARD J. BARTLETT, M.D.  
GILES G. BOLE, JR., M.D.  
ROGER BOLES, M.D.  
THEODORE W. BYWATERS, JR.,  
M.D.  
KENNETH G. CAMPBELL, M.D.  
MARY ELLEN CLIFFORD, M.D.  
BRUCE DRAPER, M.D.  
WILLIAM G. FINDORFF, M.D.  
JOHN E. FINGER, M.D.  
HOWARD E. FINK, JR., M.D.  
WILLIAM R. FORSYTHE, M.D.  
JULES A. FRANCOEUR, M.D.  
PAUL W. GIKAS, M.D.  
LEONARD M. HEINZ, M.D.  
PHILIP B. HUIZENGA, M.D.  
JAMES O. JOHNSTON, M.D.  
ROBERT E. JOHNSTON, M.D.  
ROBERT L. KERRY, M.D.  
WILLIAM L. KOPP, M.D.  
GLENN O. LEASE, M.D.  
EDWIN H. LEWIS, M.D.  
HOKE S. NASH, M.D.  
HAROLD A. OBERMAN, M.D.  
WILLIAM D. PLETCHER, M.D.  
LOUIS T. PLOUFF, M.D.  
JAMES T. POST, M.D.  
THOMAS H. REA, JR., M.D.  
DANIEL S. RENNER, M.D.  
DAVID R. ROVNER, M.D.  
DONALD L. SCHMIDT, M.D.  
MANSFIELD F. W. SMITH, M.D.  
J. CLYDE SPENCER, M.D.  
WALTER M. TABAR, M.D.  
PHILIP TAGER, M.D.  
CLARENCE H. TANNEL, M.D.  
JOHN H. TEDFORD, M.D.  
CHARLES D. TOURTELLOTTE,  
M.D.  
GORDON L. VERITY, M.D.  
MAY LOUISE VOTAW, M.D.  
JOHN B. WEAR, M.D.  
JOHN G. WEEKS, M.D.  
ARTHUR S. WESTON, M.D.  
LAWRENCE H. WILK, M.D.  
PHILIP A. ZLATNIK, M.D.  
Wayne.....A. ALAN AGREE, M.D.  
JOHN D. AUSUM, M.D.  
DUDLEY W. BYERS, M.D.  
ROBERT I. CRAWFORD, M.D.

ABRAHAM ELSON, M.D.  
JOHN W. LAWSON, M.D.  
EUGENE MEYER, M.D.  
GERALD D. SPERO, M.D.  
RAYMOND E. SWANSON, M.D.

J. DUANE MILLER, M.D.: I move the following be made Life Members:

[The motion was supported and carried.]

LIFE MEMBERSHIP:

Calhoun.....ALBERT C. DICKSON, M.D.  
Chippewa-Mackinac.....HARVEY M. HARRINGTON, M.D.  
Clinton.....WELLS B. FILLINGER, M.D.  
CHARLES T. FOO, M.D.  
ARTHUR C. HENTHORN, M.D.  
Genesee.....FREDERICK E. DODDS, M.D.  
WILLIAM S. WILLIAMS, M.D.  
ROBERT L. PHILLIPS, M.D.  
ARCHIBALD C. PFEIFER, M.D.  
Kalamazoo.....HORACE R. COBB, M.D.  
Kent.....A. B. SMITH, M.D.  
WESLEY M. BURLING, M.D.  
DAVID B. HAGERMAN, M.D.  
EDWARD D. HUNDERMAN, M.D.  
HARRY LIEFFERS, M.D.  
ALEXANDER M. MARTIN, M.D.  
Saginaw.....LLOYD C. HARVIE, M.D.  
A. R. MOON, M.D.  
St. Clair.....MARION E. BOVEE, M.D.  
Van Buren.....WILLIAM R. YOUNG, M.D.  
Washtenaw.....A. C. FURSTENBERG, M.D.  
C. H. ROSS, M.D.  
Wayne.....JOSEPH BAKER, M.D.  
AUDREY O. BROWN, M.D.  
GEORGE C. BURR, M.D.  
MALCOLM D. CAMPBELL, M.D.  
JOHN M. CARTER, M.D.  
HOWARD P. DOUB, M.D.  
WILLIAM N. EDMONDS, M.D.  
HERBERT E. FOOT, M.D.  
WILLIAM J. FULTON, M.D.  
NICHOLAS GALDONYI, M.D.  
LESLIE T. HENDERSON, M.D.  
WILLIAM E. HENDERSON, M.D.  
J. STEWART HUDSON, M.D.  
JOSEPH O. KOPEL, M.D.  
JOHN G. MATEER, M.D.  
GORDON S. McALPINE, M.D.  
ROBERT C. MOEHLIG, M.D.  
HENRY C. MORITZ, M.D.  
J. E. PITTMAN, M.D.  
FRANK P. RAIFORD, M.D.  
H. WALTER REED, M.D.  
CLARENCE E. REYNER, M.D.  
HARRY C. SALTZENSTEIN, M.D.  
ERNEST C. SCHULTZ, M.D.  
GEORGE SEWELL, M.D.  
GERALD A. WILSON, M.D.

J. DUANE MILLER, M.D.: I move the following be made Retired Members:

[The motion was seconded and carried.]

RETIRED MEMBERSHIP:

Bay.....THOMAS G. WILSON, M.D.  
Barry.....STEWART LOFDAHL, M.D.  
Berrien.....HAROLD J. CAWTHORNE, M.D.  
Genesee.....THOMAS N. WILLS, M.D.  
Grand Traverse.....CLIFFORD F. BRUNK, M.D.  
Oakland.....JOHN B. ENGEL, M.D.  
Washtenaw.....JOHN B. BARNWELL, M.D.  
PAUL S. BARKER, M.D.  
STACY C. HOWARD, M.D.  
LEO A. KNOLL, M.D.  
Wayne.....THEODORE S. FANDRICH, M.D.  
WILLIAM J. FULTON, M.D.

THE SPEAKER: Thank you and your committee for doing all this work, Dr. Miller.



**XVII-7. REFERENCE COMMITTEE ON  
LEGISLATION AND PUBLIC RELATIONS**

**XVII-7a. RESOLUTION NO. 2**

This resolution is in regard to the Election Campaigns.  
LAWRENCE A. DROLETT, M.D.: Your committee voted to approve this resolution with the following amended "Resolved":

"That we go on record to individually work towards the defeat of these state and national candidates who either through political expediency or through conscious or subconscious desire to gain power are promulgating these socialistic and foreign ideas into our American heritage."

And the committee amended it to add:

"And actively support those candidates who have subscribed to the 10-point program of the AMA Committee on Aging, and be it further

"RESOLVED: That the resolution be publicized to the members of the Michigan State Medical Society."

I move the adoption of this part of the report.

[The motion was seconded and carried.]

**XVII-7b. RESOLUTION NO. 8 REGARDING  
WAGES OF NURSES**

The committee discussed this at length, and approved it. I move that the report be adopted as presented.

[The motion was duly seconded and carried.]

**XVII-7c. RESOLUTION NO. 9 REGARDING  
NURSES TRAINING PROGRAM**

The Resolved in this was:

"That schools of nursing be encouraged to study all aspects of the problem of the nursing shortage, to the end that there may be available for patient care more nurses" and here the committee amended. We struck out "trained in the practical aspects of nursing," and added "—of all categories, and that the Michigan State Medical Society make every effort in programs of recruiting."

Mr. Speaker, I move the adoption of this resolution as amended.

[The motion was duly seconded and carried.]

**XVII-7d. RESOLUTION NO. 7, REGARDING THE  
BASIC SCIENCE LAW**

Your Legislative and Public Relations Committee listened to discussion at length on this. We listened to advice from Dr. Dean Scott, Wayne State University School of Medicine. We heard from Dr. Troost. We heard from numerous members of the audience, and since this evening I have personally conferred with Dr. Hubbard, the Dean of the University of Michigan Medical School.

After discussing this resolution at length, it was agreed that the resolution should be rewritten, and a substitute resolution submitted to the House.

One of the members of our committee came up with what I thought was a masterpiece in a substitute resolution. It took the stigma off the fact that the Basic Science Law was a monster, it was not doing the doctors any good, but emphasized the fact of the increasing training that doctors are getting now, so I will read the substitute resolution as submitted by the committee.

**Substitute Resolution on Repeal of Basic Science Law:**

Whereas, the purpose of the basic science law was originally designed to insure the standards in training in the basic sciences of all licensed physicians, and

Whereas, the modern approved medical training programs assure the standards of training in the basic sciences, and

Whereas, the prolonged training period before practice of present day physicians frequently places them several years from their basic science training, even though fully qualified in these fields, and

Whereas, the basic science law therefore frequently becomes a deterring factor in attracting new and adequately qualified physicians from other areas to practice or to teach in Michigan, therefore be it

RESOLVED: That the House of Delegates of the Michigan State Medical Society go on record as favoring repeal of the basic science law and the enactment in its place of a uniform healing arts act, and be it further

RESOLVED: That The Council of the Michigan State Medical Society be instructed to have legislation to accomplish this resolution introduced into the Legislature of the State of Michigan.

Now this doesn't mean that this is going to be accomplished next year. We specifically left out 1961, and if you will permit me, Mr. Speaker, to discuss this for a moment, I move the adoption of this resolution.

[The motion was duly seconded.]

THE SPEAKER: There is a motion to adopt this substitute resolution. This has been seconded. The substitute resolution is now open for discussion.

LAWRENCE A. DROLETT, M.D.: Mr. Speaker, in my experience in the Legislature in Lansing, I think it would not be too difficult to get the Basic Science Law repealed, as far as the Legislators are concerned, because it would mean to them the abolition of a Board which they now support. Some of our opposition might come from the osteopaths. I don't know how much would come from the chiropractors, but so many times the Legislators have told me down there that they wish we had a Uniform Medical Practice Act such as is in existence now in Nebraska, Wisconsin and several other states, that might include perhaps the doctors and the osteopaths, and the control would be that it would be required to take this examination. They would have some representation on the Board.

Certainly it has long been recognized that our present Medical Practice Act which was written in 1899 has been amended and amended, and it is still somewhat out of date. It was proposed in the committee today that this might be a companion move, but certainly I don't think that there should be any effort to repeal the basic science law in the Legislature until there is an ironclad move to accompany it with a healing arts act, and that is so stated in the resolution.

FRANCIS P. RHOADES, M.D.: Point of information, Mr. Speaker. Could the chairman of the Reference Committee tell me, doesn't this confer equality? All those eligible to take the healing arts exam then would be equal as far as this act is concerned. It would confer quality on those who were eligible to take the exam, wouldn't it?

LAWRENCE A. DROLETT, M.D.: No, if we refer to what they have in Wisconsin and Nebraska, they would take the healing arts exam according to what they have been taught. I know they control them pretty well in Wisconsin.

For instance, I personally have a license to practice in Wisconsin. There is an osteopath's signature on the diploma, and he asked me one question when I was taking the oral examination. It was a pretty intelligent question, but it doesn't imply they are going to be open to practice medicine.

I think that we would have to have a lot of conferences with the osteopathic profession before this could pass through the Legislature.

CLIFFORD W. COLWELL, M.D.: What would that mean to reciprocity with those states?

LAWRENCE A. DROLETT, M.D.: As far as the basic science law is concerned, I think if we took it out, it might mean our reciprocity would be increased. With our present State Board of Registration in Medicine, we have reciprocity with 46 states—everybody but New York and Florida.

FRANKLIN L. TROOST, M.D.: Mr. Speaker, Members of the House of Delegates: Last evening we were addressed by our honored President of the State Society. He made this remark: "If we fail to provide the public with adequate medical care, we have no excuse if a Government agency does it."

Now this question of the basic science, of course, has been on the floor of this House many times. Before I came here, Washtenaw County in 1947 attempted to have it repealed. I believe once later, Ingham County in 1950 and 1951. The resolution was approved by the Reference Committee, but defeated in the House. In 1953 this House of Delegates took action to the effect there would be reciprocity with the other basic science states which numbered approximately nineteen. In 1955 the law was further amended that the basic science board may, at its discretion, waive the basic science examination if the candidate presents evidence that he has passed before any official examining board in the United States, which means state boards of registration in medicine, osteopathy, and chiropractic—he has passed this examination, and that the questions are comparable to those submitted by our board, and that he has received satisfactory grades.

I believe the law has been amended as much as it can possibly be. Now these amendments have eventually borne fruit—fruit in that in 1950 we had in the State of Michigan a total of 6937 doctors with a population of 6.3 million. Of this number, 5343 were engaged in private practice. In 1956, before the 1955 amendment had a chance to show itself, despite the fact that in 1953 reciprocity was effective in basic science, the Michigan population of doctors had gone up almost one thousand, to 7900. The population at that time was about 7.2 million, a gain of 900,000 people, but the population of doctors engaged in private practice had dropped in six years to 5168. It dropped some—175 men, despite a population gain of 900,000.

Now in 1958 the number of physicians had risen to 8187. The population was fully 7.5 million, and is now almost 8 million. We have finally gotten back to where we were in 1950. We had 5384 practicing doctors, compared to 5343, eight years previous. We had picked up 1,200,000 people with forty more doctors to serve them.

Now we, who favor repeal of the basic science law, do not claim our shortage of doctors which is very critical—by the way, in 1958 at Ann Arbor it was stated that we were thirty-fifth in the country on a population basis. In 1950 we were thirtieth. We are dropping every year.

Our failure is not due to the basic science law. One of our failures is that we cannot, with our present facilities, turn out enough medical graduates. We have only two schools, and it has been the history of this state that we have always supported more than half of our doctors. In fact, only 42% are educated in Michigan.

Now I said we have more or less reached the ultimate with these present amendments, but we are faced with another situation.

The National Board of Medical Examiners in 1959 gave certificates to 3300 of our young doctors, approximately 45% of those in the nation, and none of those doctors can come to Michigan—45% of them—unless they face a basic science examination, and on top of that an examination by the State Board of Registration in Medicine.

When it was my privilege to serve on the State Board of Registration in Medicine, we gave a very total examination, but in 1954 the Attorney General ruled that we must take a full examination.

What has brought this all about? This year in the spring one of our neurologists wanted to get a doctor in with him. He graduated from Northwestern and was trained at the Mayo Clinic in neurology. The Board of Neurology had licensed him in the State of Illinois. He wanted to come to Michigan.

He said, "Sure, you can come. First, take your basic science exam, pass it, and then wait until the time comes and take your State Board of Registration."

That is the situation we have been up against hundreds of times. In my years on the State Board I spoke to many, many of these people. Their attitude was: Why come to Michigan? There are plenty of other places to go.

This article was written in 1951 and published in THE

JOURNAL of the Michigan State Medical Society. There are just a very few excerpts I want to read.

In 1940—we had 435 osteopaths. In 1950 with the basic science law in full effect, we had 907, and in 1960 we have 1600 out of 14,000 osteopaths in the country. We have one out of nine.

Regarding the chiropractors, I do not know. I know how many there were in 1950. There were 474 in 1950, but the influx of chiropractors has let up. Michigan has no more to offer chiropractors than any other state, but it has a great deal to offer osteopaths. The osteopathic laws are very liberal. That is why we have such a great influx, and also because of our tremendous shortage of doctors to practice.

The basic science law should be repealed on the basis that it keeps so many doctors from the state, and in my concluding remarks, in 1950 I wrote: Where are we going to secure the 1500 doctors we are now lacking? Where will replacements come from for the 150 to 200 Michigan doctors who die or retire each year? The answer as to where the needed doctors are coming from is that they are not coming, not until we become realistic and repeal the basic science law.

I believe that was well borne out in that we picked up only forty practicing doctors in eight years of population increase as it was.

This afternoon at the session, Mr. Speaker, Dean Scott from Wayne University spoke in favor of repeal of this law. Dr. Towsley of Ann Arbor spoke in the same vein, and this evening I have spoken to Dr. Hubbard, Dean of the University of Michigan Medical School.

There are some facets I did not enter into, and I request that the privilege of the floor be granted to these three doctors for a short period of explaining their position on it.

THE SPEAKER: This request is granted if any of the three would wish to say something at this time.

DEAN HUBBARD [University of Michigan Medical School]: Mr. Speaker, thank you for the courtesy of the floor. I will keep my remarks as brief as possible.

It has been observed that the basic science law does not add to our assurance of the competency of our medical graduates, whether from the University of Michigan or from those other medical schools in the United States. The purpose of the basic science law, if it be the purpose to control the influx of other practitioners, is a hopeful view, but I think the bare facts indicate that this purpose is not accomplished. The large number of such practitioners that are now with us in this state would certainly suggest that they have not been kept out—not by the basic science law. The very construction of the basic science examinations are troublesome to a medical school educator since these fields have changed enormously and continue to change very rapidly. They have expanded tremendously, and one of the great issues in medical education is to select that material that is most pertinent for instruction and for examination, and as the Board is now constituted it has on it many who are totally unfamiliar with what goes on in a modern medical school.

Finally, I would suggest that if the purpose of this law is to insure that people of the state have the care that they are entitled to, then this function can be very well served by the State Board of Registration since it is set up in order to insure the people of this very care.

The issue of the National Board of Medical Examiners and its acceptance by the State Board of Registration may or may not be related to the basic science question.

I will add my urgent endorsement to extending the reciprocity of the state to those who hold certificates of the National Board. Thank you.

THE SPEAKER: Thank you very much, Dr. Hubbard. Dr. Scott.

DEAN SCOTT [Wayne University]: Mr. Speaker, thank you for the courtesy of the floor.

I think one of the questions to be asked is: Does the basic science law perform a useful function, or does it perform a disservice for the people of Michigan? I think

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there is absolutely no conclusive evidence that shows that it performs a useful function. The corollary to that is that it may, and I personally believe it does, perform a disservice. Those of us who are asked to recruit physicians to teach in our medical schools are up against this basic science law barrier time and time again where a perfectly adequate person is denied the right to exercise his talents in the State of Michigan because of a basic science law which he does not choose to take, and in this matter he cannot be blamed.

There are many other respects to this problem, and in order to keep our discussion at a minimum at this late hour, I would merely like to add that the motion for the resolution which is put forward by your committee has my personal enthusiastic endorsement.

THE SPEAKER: Thank you, Dr. Scott.  
[The motion was put and carried.]

### XVII—7c. PRESIDENTS PROGRAM RESOLUTION NO. 25

Dr. Drolett: Resolution No. 25, at the bottom of the page under "C" the committee changed it to add after the end of "expediting plans which will" we added "hope to." We added that.

Over on the next page under paragraph 1, on line 2, "said increase to be attempted," not "accomplished" over the period of time beginning in September 1960.

Under the second resolved, in the line 2, the word "headed" was changed to "promoted".

\* \* \*

With this amendment to the Resolution 25, Mr. Speaker, I move the adoption of the resolution as amended.

[The motion was duly seconded and carried.]

### XVII—7c. RESOLUTION NO. 26

DR. DROLETT: The first resolved was amended to read as follows:

"RESOLVED: That the Presidents Program of the Michigan State Medical Society include an effort to promote the securing of complete coverage of this state by full time qualified personnel in local health departments, and be it further—"

\* \* \*

Mr. Speaker, I move the adoption of this resolution 26 as amended.

[The motion was duly seconded and carried.]

### XVII—7c. RESOLUTION NO. 27 RE BASIC RESEARCH

DR. DROLETT: In the third line of the second "Whereas" at the end of the second line where it says, "...to methods of medical treatment major breakthroughs in basic medical knowledge..." we changed that to read, "...new advances in medical knowledge." We struck "major breakthroughs," and changed it to "new advances in medical knowledge."

In the fourth line of the first "Resolved" the line reads, "...direct their funds for basic research," and the committee changed it to read "...in biological sciences and especially fields pertinent to medical science..."

Amended Resolution No. 27 Re Presidents Program: Basic Research:

Whereas, history proves that basic advances in medicine come only through the route of basic research of which the discovery of penicillin is one example, and

Whereas, although clinical research attempts to solve specific disease problems and provide valuable contributions to methods of medical treatment, new advances in medical knowledge are accomplished, in the main, as a result of basic research, and

Whereas, scientists the nation over, as well as medical schools, lament the fact that so great a proportion of available funds are for limited research, therefore be it

RESOLVED: That the Michigan State Medical Society incorporate in its President's Program an effort to inform the public of the need for unrestricted research grants and to encourage individuals, foundations and governmental agencies to direct their funds for basic research in biological science and especially fields pertinent to medical science, and be it further

RESOLVED: That the following organizations and others of like mind be requested to cooperate with Michigan State Medical Society in this program:

University of Michigan  
Wayne State University  
University of Detroit  
Michigan State University  
Research Foundations both state and national

\* \* \*

Mr. Speaker, I move that Resolution No. 27 as amended be adopted.

[The motion was duly seconded and carried.]

### XVII—7c. RESOLUTION NO 28 CONCERNING MATERNAL AND CHILD HEALTH

DR. DROLETT: "Whereas, despite remarkable progress in the lowering of rates of maternal," and we added "and infant mortality, maternal and infant deaths are still a medical problem..." those two words were added by the committee. We completely struck out the second "Whereas" and down under the No. 2 of the first "Resolved" over at the end of the first line of paragraph two, we added the words "maternal and child health committees..."

Amended Resolution No. 28 re Presidents Program: Maternal and Child Health:

Whereas, despite remarkable progress in the lowering of rates of maternal and infant mortality, maternal and infant deaths are still a medical problem in Michigan, therefore be it

RESOLVED: That the Presidents Program of the Michigan State Medical Society include a program providing for the following:

1. Expansion of the use of the perinatal mortality register.

2. The institution of county medical society maternal and child health committees in those counties where they do not presently exist, and the stimulation of these committees in those societies where such committees do exist.

3. The development of expectant parent classes and other varieties of instruction beginning in the secondary schools and extending up to and including adult education programs.

4. Continuing publication in the Journal, MSMS, of Obstetrical Brevits and other scientific materials regarding maternal and child health and the distribution of information of an appropriate nature through news media and other publications to the lay public; and be it further

RESOLVED: That the following organizations, and others of like mind, be requested to cooperate with Michigan State Medical Society in this program:

Michigan Department of Health  
Michigan Association of Public Health Officers  
Michigan Department of Public Instruction  
Michigan Academy of Pediatrics and other specialty organizations

\* \* \*

Mr. Speaker, I move the adoption of this resolution as amended.

[The motion was duly seconded and carried.]

### XVII—7c. RESOLUTION NO. 29

As presented to the committee, this resolution was approved without change. I move adoption of Resolution No. 29.

[The motion was duly seconded and carried.]

**XVII—7e. RESOLUTION NO. 30**

In line six of the second "Whereas" over at the corner reads, "... personal health supervision designed to make best use of," and we inserted there "of medical knowledge of the calendar," explaining that it was pointed out by one member of the committee that doctors might be the best ones to know when people were to be vaccinated, immunized, and so forth.

Under the second "Whereas" it is to read now, "Whereas, the public and the profession," and we struck out "are making adequate," and substituted, "may improve and increase."

Over on the second page under line 5, paragraph 5, "The concept of continuous personal health supervision to make best use of medical knowledge of the calendar of biologic mishaps..." we added "medical knowledge of the calendar of".

Under "Resolved" that the following organizations, or organizations of like mind, we added "with skills and experience in this area."

**Amended Resolution No. 30 re Presidents Program: Early Detection of Disease:**

Whereas, early detection of disease provides greater opportunity for success in the subsequent application of medical knowledge to the end that many lives would be saved and health prolonged, and

Whereas, many new and effective means for early detection and diagnosis of disease are now available such as the "Papanicolaou Smear" for malignant and non-malignant disease of the female genital tract; screening programs in schools for the early detection of vision and hearing defects in children; periodic health appraisals based upon time intervals and/or continuous personal health supervision designed to make best use of medical knowledge of the calendar of biologic mishaps for preventative procedures; x-ray tests and skin tests for tuberculosis; routine urinalysis for sugar and blood glucose determination for diabetes, and

Whereas, the public and the profession may improve and increase use of the opportunities for early detection and diagnosis of disease; therefore be it

**RESOLVED:** That the President's Program of the Michigan State Medical Society emphasize, encourage and promote:

1. The use in the doctor's office of cytologic diagnosis for the early diagnosis of the female genital tract and research aimed at extending its use to other anatomic areas.
2. The use in the schools of screening programs for the detection of vision and hearing defects.
3. The use in hospitals and doctors' offices of skin testing and pre-employment and prehospital admission x-ray.
4. The expansion of venereal disease detection facilities.
5. The concept of continuous personal health supervision to make best use of medical knowledge of the calendar of biologic mishaps for making physical evaluations of the patient thereby providing an opportunity for early detection, as well as the concept of periodic health appraisals.
6. The taking of urinalysis for sugar on all patients and the reporting of new cases.
7. Other means for early detection which are now known or will become known to medical science; and be it further

**RESOLVED:** That the following organizations or organizations of like mind with skills and experience in this area be requested to aid in this effort:

All County Medical Societies  
The American Cancer Society  
The Michigan Cancer Foundation  
The Michigan Tuberculosis Association  
Michigan Diabetes Association  
Michigan Department of Health  
Michigan Health Officers Association  
Michigan Public Health Association

\* \* \*

I move that Resolution No. 30 as amended be adopted.  
[The motion was duly seconded and carried.]

**XVII—7e. RESOLUTION NO. 31**

In the fourth "Whereas" line 2 we added the word "...be resolved by increased effort;" in the fifth "Whereas" line 2, we added "...can be further aided by the Michigan State Medical Society..."

[The fourth and fifth "Whereas" were amended to read as follows]:

"Whereas, the above are but a few examples of diseases and situations which exist and which can, with present knowledge, be resolved by increased effort, and

"Whereas, those committees and agencies who are working upon disease control programs can be further aided by the Michigan State Medical Society and its component district and county societies; therefore be it . . ."

\* \* \*

I move the adoption of Resolution No. 31.  
[The motion was duly seconded and carried.]

**XVII—7e. RESOLUTION NO. 32**

Under the third "Whereas."

"Whereas the psychiatrists have repeatedly," and we struck out the words "expressed their willingness to..." so it reads now, "Whereas, the psychiatrists have repeatedly shared their specialized knowledge with their fellow practitioners of medicine..." and then under the first "Resolved" in line 2, "include additional projects on mental health..." and then down to the third paragraph we completely changed that to read, "The encouragement of medical schools in further development of home care training programs as well as the encouragement of physician cooperation," and in No. 4 we added under the first line, "The increased development of plans..."

**Amended Resolution No. 32: President's Program: Mental Health:**

Whereas, mental illness and mental health are major factors in adding to the life expectancy of the people as well as increasing the happiness of these people during the additional years, and

Whereas, every doctor of medicine is afforded opportunities to treat mental illness or protect the mental health of his patients in his day-to-day practice, and

Whereas, the psychiatrists have repeatedly shared their specialized knowledge with their fellow practitioners of medicine as well as with the general public, and

Whereas, every patient needs to be considered as a whole person recognizing his mental and environment needs as well as those of a physical nature; therefore be it

**RESOLVED:** That the President's Program of the Michigan State Medical Society include additional projects on mental health involving, among other activities, the following:

1. Notice to other MSMS committees of the desire of the Mental Health Committee to be of assistance to them upon request.
2. The establishment of psychiatric units in additional general hospitals where adequate psychiatric personnel are available.
3. The encouragement of medical schools in further development of home care training programs as well as the encouragement of physician cooperation.
4. The increased development of plans to improve the non-hospital care of mentally disturbed older persons.
5. A study of the desirability of additional nursing homes qualified to care for mild psychiatric cases and the improvement of same, and be it further

**RESOLVED:** That the following organizations and organizations of like mind be encouraged to participate with MSMS in this program:



Michigan Department of Mental Health  
Michigan Mental Health Association  
Michigan Psychiatric Association  
Wayne State University  
University of Michigan  
Governor's Commission on Aging  
MSMS Mental Health Committee  
Michigan Department of Health  
Visiting Nurse Association  
Nursing Home Association  
\* \* \*

I move for adoption the amended resolution No. 32, Mr. Speaker.

[The motion was duly seconded and after discussion, was carried.]

#### XVII—7e. RESOLUTION NO. 33

LAWRENCE A. DROLETT, M.D.: In the second line of the "Whereas," we struck out "and one reason for this is," and substituted "because of."

In the fourth "Whereas" in the third line we struck out "replace," and put "in place of."

In the fourth line of the sixth "Whereas," we struck "social, political and economic," and replaced it with the words "socio-economic."

In No. 1 in the first "Resolved," we put "continued" dissemination of knowledge to the medical profession, and over on the next page we replaced "philosophies" with "advancements."

In No. 2 we inserted "increased," after "The." "The increased holding of joint committees..." and then we added a sixth paragraph to this which reads as follows:

"Cooperation with visiting nurse agencies, health department, et al in a program to provide proper home care in paramedical fields."

Amended Resolution No. 33:

Whereas, there is an increasing number of individuals in a community having chronic disabilities because of the prolonging of life due to the advancement in medical science, and

Whereas, this is a continuing situation involving social, economic, psychological, and medical problems for the patient, his family and the community, thereby requiring cooperation from many professions, occupations and businesses and needing the leadership of the medical profession, and

Whereas, early recognition by the doctor of medicine of rehabilitation potentials of the patient, before disability is culminated, can markedly aid in the prevention of minimizing of the effect of the potential disability, and

Whereas, great social, economic and medical gains can be made toward replacing the ignominy of dependency with the dignity of self-determination, and ability in place of disability, if the patient is followed until he is as close to his potential as possible, and

Whereas, the investment of time by the professions, and money by voluntary and when necessary, governmental agencies in a program to effectuate greater physical and social independency of the chronically disabled is desirable from socio-economic standpoints, therefore be it

RESOLVED: That the Presidents Program take cognizance of the responsibilities and opportunity inherent in this situation and encourage, sponsor or promote the following program:

1. The continued dissemination of knowledge to the medical profession, to related organizations and to communities of the techniques and advancements of medically proven policies of rehabilitation.

2. The increased holding of joint meetings of county medical society and community leaders for the planning of community projects and public presentations to demonstrate the values of and the progress in rehabilitation.

3. The encouragement of undergraduate and postgraduate seminars on rehabilitation methods within and in connection with, medical and paramedical schools as

well as the concept of chronic disability field clinics through the state.

4. The endorsement of a survey to define areas of need for the establishment of additional rehabilitation services and the encouragement of the subsequent establishment of such programs, where needed.

5. Cooperation with the Michigan Hospital Association in a program to effectuate the easy transfer of patients from hospitals to medical rehabilitation centers and return, and be it further

RESOLVED: That the Program promote cooperation with visiting nurse agencies, health departments et al in a program to provide proper care in paramedical fields; and be it further

RESOLVED: That the Michigan State Medical Society request the assistance, in the furthering of this program of the following, and like-minded, organizations:

Division of Vocation Rehabilitation,  
Michigan Department of Public Instruction  
Michigan Crippled Children Commission  
County and State Welfare Departments  
Detroit Academy of Orthopedics  
Michigan Orthopedic Society  
Michigan Academy of Physical Medicine  
Michigan Society for Crippled Children and Adults  
United Cerebral Palsy Association of Michigan  
Rotarians  
Health Department  
Visiting Nurse Association  
Elks  
Lions  
Michigan Rehabilitation Association  
Rehabilitation Institute of Metropolitan Detroit  
All Rehabilitation Centers  
\* \* \*

Mr. Speaker, I move the adoption of Resolution No. 33, [The motion was duly seconded and carried.]

#### XVII—7e. RESOLUTION NO. 34

The only change is in the second line of the first "Resolved" where after "compiling and development of," we added the word "additional" information. That is the only change in No. 34.

[The first "Resolved" of Resolution No. 34 was amended to read as follows]:

"RESOLVED: That the Presidents Program of the Michigan State Medical Society include the compiling and development of additional information related to the aged; advance the 10-point program of Help of the Aged, and such other additions to the program as may be subsequently determined in this swiftly changing situation, and be it further—"

Mr. Speaker, I move the adoption of Resolution No. 34. [The motion was duly seconded and carried.]

#### XVII—7e. RESOLUTION NO. 35

In the first line of the third "Whereas" after "in Michigan have," we inserted the word "already" solved these problems; and in the next line, at the end of the line, we struck out the words "are not" and substituted "may not be generally known."

[The third "Whereas" of Resolution No. 35 was amended to read as follows]:

"Whereas, various areas in Michigan have already solved these problems in exemplary manner but knowledge of the many effective ways and means of doing so may not be generally known; therefore be it—"

With these amendments to this resolution, Mr. Speaker, I move the adoption of Resolution No. 35.

[The motion was supported and carried.]

#### XVII—7e. RESOLUTION NO. 36

This resolution was adopted by the committee unchanged.

I move the adoption of Resolution No. 36.

[The motion was supported and carried.]



**XVII—7e. RESOLUTION NO. 37**

This resolution was adopted by the committee unchanged. I move the adoption of Resolution No. 37.  
[The motion was duly seconded and carried.]

**XVII—7e. RESOLUTION NO. 38**

This resolution was unchanged by the committee. I move adoption of Resolution No. 38.  
[The motion was duly seconded and carried.]  
LAWRENCE A. DROLETT, M.D.: Mr. Speaker, I move that the House approve the adoption of Resolutions 25 to 38 in toto as amended, generally approving the Presidents Program.  
[The motion was supported, discussed, and carried.]  
[The House of Delegates recessed at 12:20 o'clock.]

**TUESDAY MORNING SESSION**

September 27, 1960

The fourth meeting of the House of Delegates convened at nine-five o'clock with J. J. Lightbody, The Speaker presiding.

**XVII—8. REPORT OF REFERENCE COMMITTEE ON HYGIENE AND PUBLIC HEALTH**

**XVII—8a. RESOLUTION NO. 39 RE VISUAL SCREENING PROGRAMS**

OTTO K. ENGELKE, M.D.: This committee after considerable discussion changed the "resolved" section, not in principal, but in detail, to read as follows:

"RESOLVED: That the Michigan State Medical Society approves preschool and school visual screening if properly conducted. It offers the services of its members in helping to plan such programs. It recommends that community-wide programs in this field obtain the approval of the county medical society and/or the local health department. Technicians certified by the Michigan State Department of Health or teachers trained by public health nurses or other personnel with similar qualifications be utilized for screening;

"That this action be made available to all county medical societies, all local health departments, all school boards, all school superintendents and principals (public, parochial and private), PTA officers, interested service clubs, and other interested organizations."

Mr. Speaker, I move the adoption of this report.

[The motion was supported and carried.]

OTTO K. ENGELKE, M.D.: Mr. Speaker, this was the only resolution presented to this committee. I therefore move the report as a whole.

[The motion was supported and carried.]

THE SPEAKER: Thank you, Dr. Engelke, and your whole committee.

**XVII—9. REPORT OF REFERENCE COMMITTEE ON NATIONAL DEFENSE AND DISASTER PLANNING**

**XVII—9a. RESOLUTION NO. 50 DEALING WITH CIVIL DEFENSE**

DONALD D. FINDLAYSON, M.D.: The committee recommends that the "Resolved" section be amended to read as follows:

"RESOLVED: That each and every component

county society of the MSMS be urged to appoint immediately a Civil Defense Committee Chairman for 1961 and be urged to send said chairman to the AMA County Societies Conference on Civil Defense, November 4-5-6, 1960, Chicago, Illinois."

Mr. Speaker, I move the adoption of this report.

[The motion was supported and carried.]

THE SPEAKER: Thank you and your committee, Dr. Findlayson, for this report.

**XVII—10. REPORT OF THE REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS**

**XVII—10a. RESOLUTION NO. 5**

FRANKLIN L. TROOST, M.D.: The committee recommends that the "RESOLVED" section be amended to read as follows:

"RESOLVED: That the Michigan State Medical Society seek funds to loan at a low interest rate to such physicians beginning private practice in Michigan, and be it further

"RESOLVED: That the House of Delegates recommend to The Council immediate implementation of this program."

(See amended second Resolved on Page 466.)

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded.]

EDGAR E. MARTMER, M.D.: I move an amendment that the word "investigate" be substituted for the word "implement" in the second statement.

THE SPEAKER: The "Resolved" portion then reads:

"RESOLVED: That the House of Delegates recommend that The Council investigate the implementation of this program."

[The amendment was seconded and carried.]

We will now vote on the motion to adopt this resolution as amended. All those in favor say "aye"; opposed "no." The motion is carried.

**XVII—10b. RESOLUTION NO. 15, RE NAME MSMS SECTION ON MEDICINE**

Your Reference Committee recommends that this resolution be approved as introduced.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded and carried.]

**XVII—10c. RESOLUTION NO. 16 CONCERNING TRANSFER OF MEMBERSHIP**

This resolution was thought by your reference committee to be too all inclusive in that it had state and national transfers, proration of dues all mixed in one resolution, and the committee felt that if these subjects were to be taken up, they should be taken up in separate parts. Therefore, Mr. Speaker, your committee recommends disapproval of Resolution No. 16.

[The motion was duly seconded.]

JOHN G. SLEVIN, M.D.: With regard to this matter of uniform transfer, may I point out this, that it has happened in the Wayne County Medical Society. A man from New York State transferred to Wayne County. He paid his dues in his previous county society for the whole year, came to Michigan, and while his dues were prorated as far as Wayne County was concerned, he could get no refund from his previous county society. Inquiry by him to the American Medical Association indicated that they had this question under study, but also, it was indicated it would have to come before the House of Delegates of the American Medical Association, and then it would have to come through the various delegates from each state.

## DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

It would seem only proper that the American Medical Association set up a uniform procedure for transfer. Although it is true that the action of the American Medical Association in this matter can only be advisory, nevertheless, a uniform procedure would seem very much in order. I speak, therefore, against the motion. In other words, in favor of passage of this resolution, rather than its defeat.

CLARENCE I. OWEN, M.D.: I think this would be a very appropriate resolution to take to the AMA. It is a problem, and it is not only a problem in Wayne County and in the State of Michigan. It is a problem all over the country where transfer membership occurs. It would be very appropriate, indeed, to take this, and I speak against the recommendation of the reference committee.

All those in favor of the motion to disapprove Resolution No. 16 say "aye"; opposed "no." The motion is lost. The resolution is now up to the House.

JOHN G. SLEVIN, M.D.: Mr. Speaker, I move the adoption of the resolution.

*[The motion was supported and carried.]*

### XVII—10d. RESOLUTION NO. 24 RE EMPLOYEE RECOGNITION

DR. TROOST: The committee was unanimously in sympathy and believed what was called for in this resolution was well, but after consulting with Dr. McGillicuddy, Chairman of the Finance Committee of The Council and Dr. Mason also of The Council, at our meeting, each of these gentlemen assured us that we had no money available, and despite the fact that we heard last night there had been no economy moves heard around the Society, here is one.

It was estimated the cost of gifts for the first year would be about \$1,200.00 in addition to the cost of the insignia, whatever they might cost. Therefore, your committee recommends disapproval of Resolution No. 24.

*[The motion was supported.]*

THE SPEAKER: The motion is to disapprove Resolution No. 24. This has been seconded.

RICHARD E. WUNSCH, M.D.: Mr. Chairman, I would like to discuss this. It seems to me that our employees at the State Society are of quite a bit of importance to us. They are doing a good job. Last night we went through rather rapidly approval of a large number of resolutions that will cost the Society a rather large amount of money—not that I am against them, but I think it is rather short sighted action on our part for the Society to economize on some recognition of a fine employee who is doing a good job for us.

I would like to speak in favor of the resolution.

WILLIAM J. YOTT, M.D.: Mr. Chairman, I happen to have been a member of this committee, and I believe that some of our decisions must be defended. We were told definitely that there was no money available. We are in sympathy of the originators of this resolution. We would like to be able to give something we don't have, but we don't have it.

We were told definitely that we did not have the money. The fact, the cost of having the insignias manufactured, or whatever they have to do to make them available, we were even told that they didn't have the money for that.

Now, if someone would like to donate the money, maybe the committee will be glad to go along with them.

ROSS V. TAYLOR, M.D.: I would like to ask for information, whether the State Society or whether The Council has a personnel committee to periodically review personnel policies of the Society. Employees are worthy of what they do, and rather than a periodic honorarium of some sort, I believe the recognition should be continuous. Does the Society have such a personnel policy?

D. BRUCE WILEY, M.D.: Thank you, Mr. Speaker. As you know, the Big Look Committee was originally

formed for the idea of reviewing the personnel of the Michigan State Medical Society, and with a look to the future. They have studied the personnel of the executive office from time to time. However, this past year there also has been inaugurated an Advisory Committee to the Executive Director which meets each month with the executive director, going over the program that has been in operation, the activities of the staff, so that the matter of working in the activities of the personnel are reviewed each month and The Council is kept up to date with their activities.

RALPH A. JOHNSON, M.D.: Mr. Speaker, I would call to the attention of the House, the very important report that was made by Dr. Engelke. In that report you will find recorded many hours of diligent and extra service on the part of the staff in Lansing office. It is my very firm conviction that this House owes some form of recognition to that staff, and if it is the paltry sum of \$1,200.00, it seems to me in view of the many other expenditures that we have, that this is a well merited program and should be endorsed.

LOUIS F. HAYES, M.D.: Mr. Speaker, in the same report Dr. Johnson referred to, I think you will all recall that in the discussion of the employees it was categorically stated that they were paid a fair amount less than similar type of employees throughout the country and I think this should be borne in mind. I would like to recommend to the House that if our situation is so dire that we cannot squeeze this lemon for \$1,200.00, that rather than approve the Reference Committee's action to disapprove this resolution and cast this stigma, that we don't think these employees are worthy, I think it would be wise for us to take no action at this time and bring it up again next year.

EDGAR E. MARTNER, M.D.: Mr. Speaker, if I am correct, the function of the House of Delegates is primarily as a legislative body. The executive functions of the Michigan State Medical Society are the prerogatives and duties of The Council. The question of compensation of employees is primarily an administrative matter, and basically it is a matter which is the responsibility of The Council.

If that be true, then it would seem that included in the budget for salaries for employees, the matter under discussion should well be included. It is a matter for Council to decide, and that if there be a budget committee of The Council, when the budget for the year is prepared, matters such as these would be included. Therefore, since it is primarily an executive function, I would move that no action be taken on this motion, and that it be the sense of this body that it be considered by The Council, and if it is their feeling that it is proper, that they so conduct themselves.

THE SPEAKER: The motion is that no action be taken on this resolution.

SHERMAN L. LOUPEE, M.D.: Support.

THE SPEAKER: It has been supported. The motion is, no action be taken on this, and that it be referred to The Council.

DON W. McLEAN, M.D.: There is one thought I would like to bring before the House at this time, and that is we are greatly concerned about public relations. We are spending a great deal of money on that item, and the one thing I think we should all bear in mind is that the best public relations begin at home.

*(Applause)*

All those in favor say "aye"; opposed "no." The motion that no action be taken is lost. We will now consider the motion to disapprove Resolution No. 24.

CLARENCE I. OWEN, M.D.: Mr. Chairman, I agree with Dr. McLean that public relations begin at home. This is a mere pittance next to thousands and thousands of dollars we are spending on other things that we don't even want to bother about being a little economical. To turn this down would be most uneconomical. To recognize a group of valuable employees is a good thing to do. I speak against the present recommendation.

THE SPEAKER: All those in favor say "aye"; opposed "no." The motion is lost.

CLARENCE I. OWEN, M.D.: I move the adoption of this resolution.

THE SPEAKER: It has been moved and seconded that Resolution No. 24 be adopted.

All those in favor of adopting Resolution No. 24 say "aye"; opposed "no." The motion is carried.

#### XVII—10e. RESOLUTION NO. 40 RE INSURANCE REPORT FORMS

DR. TROOST: The original resolve read:

"RESOLVED: That the Michigan State Medical Society make available approved health insurance council form for physician reports to all members of the Michigan State Medical Society."

In the interest of economy, gentlemen, it was felt well that the Society should not be asked to bear the burden of printing, furnishing, distributing the insurance forms. We could picture \$500,000 or a million a year that the Society would have to furnish us. We did not think it should be called upon to spend that money because of financial situation. Therefore, the resolved was changed to read:

"RESOLVED: That the Michigan State Medical Society approve the Health Insurance Council Forms for Physicians' Reports."

MR. SPEAKER, I move the adoption of this portion of the report.

*[The motion was duly seconded.]*

THE SPEAKER: It has been moved to adopt Resolution No. 40 as amended.

ARTHUR W. STROM, M.D.: I move to amend with the addition of the following words:

"And make available to all members of the Michigan State Medical Society the printers and sellers of these forms."

*[The amendment was duly seconded.]*

JOHN J. COURY, M.D.: In clarification, we went into this common insurance form in our county. The major carriers do approve or recommend a standard form that they could devise along with the American Medical Association. We attempted to carry out the use of a common insurance form in our county, but unless we can get the support of not only our county society and our state society, we might as well junk the whole idea because the other companies will refuse to accept any common form. I think if we are going to accept this, then we have to have the backing of the state body to see that all these companies will accept this form.

We carried it on for approximately a year until we got so many complaints from our patients that we ended up having to stop it because certain companies would refuse to accept these forms, and this was a form that was recommended by the major carriers as well as the AMA. Without your support, we might as well not do it.

THE SPEAKER: All those in favor of the amendment say "aye"; opposed "no." The amendment is carried.

The "resolved" portion of the resolution has been amended and now reads:

"RESOLVED: That the Michigan State Medical Society approve the Health Insurance Council Forms for Physicians' Reports and make available to all members of the Michigan State Medical Society the names of the publishers and sellers of these forms."

All those in favor say "aye"; opposed "no." The motion is carried.

FRANKLIN L. TROOST, M.D.: Mr. Speaker, I move the adoption of the entire report.

*[The motion was supported and carried.]*

THE SPEAKER: Thank you, Dr. Troost and all the members of your committee for this very fine report.

#### XII—56. HOUSE OF DELEGATES RESOLUTIONS

Introduced by RALPH R. COOPER, M.D. [Wayne]:

Whereas, this year many resolutions were introduced before the Annual Session and presented in printed form, and

Whereas, Chapter 9, Section 10 of the Bylaws requires that such resolutions should be presented to the Secretary in triplicate immediately after reading, and

Whereas, the same has not been done this year, therefore be it

RESOLVED: That Section M, Chapter 10 of the Bylaws be changed to read:

"Each resolution that is presented to the House of Delegates before the Annual Session will be presented at the first meeting in printed form. Any resolution introduced as new business after the start of the Session shall be introduced in writing and presented in triplicate to the Secretary immediately after the delegate has read the same. Each resolution shall be referred to the proper reference committee by the speaker before action is taken."

THE SPEAKER: This resolution will be referred to the Committee on Constitution and Bylaws.

#### XII—57. TECHNICAL AND ECONOMIC ADVICE

Whereas, the physicians of the State of Michigan are not professionally qualified to interpret statistical material and

Whereas, proper technical and economic advice in developing new contracts is essential and

Whereas, technical assistance and economic advice from Michigan Medical Service on vested interest of membership of the Michigan State Medical Society cannot be freely received without review, therefore be it

RESOLVED: That the Michigan State Medical Society engage technical and economic advice from private sources in the development of all future contracts or major changes of prepaid medical insurance.

THE SPEAKER: This resolution will be referred to the Committee on Resolutions.

*[The House recessed at ten-five o'clock.]*

#### TUESDAY EVENING SESSION

September 27, 1960

The Fifth Meeting of the House of Delegates reconvened at 8:10 o'clock with J. J. Lightbody, M.D., the Speaker, presiding.

#### Michigan's Foremost Family Physician

THE SPEAKER: Dr. Thirlby, it gives me a great deal of pleasure to announce to you that you have been elected Michigan's Foremost Family Physician by this House of Delegates. It gives me also a great deal of pleasure to present this scroll in recognition of that particular honor.

EDWIN L. THIRLBY, M.D.: All I can say is that my life has been one full of surprises, and I knew nothing about this. I didn't know what was coming until we had a meeting of our Medical Society a couple of weeks ago. Something was brought up. They tipped me off that this was it. It took me off my feet.

I do consider this the greatest honor that I have ever had.

I am trying to think of something else to say. I had a story I was going to tell, but it has gone. Dr. Frederick Collier always tells stories, and I have heard his so many times that I am afraid if I told one to you, you would recognize it.

I want to thank you all very much for this high honor. (*Applause*)

THE SPEAKER: Congratulations, again, Dr. Thirby.

# **XVII—11. REPORT OF REFERENCE COMMITTEE ON RESOLUTIONS**

## **XVII—11a. RESOLUTION NO. 1 RE MEDICAL CARE STUDY COMMITTEE**

MILTON R. WEED, M.D.: In the opinion of the committee, this resolution may prove to be one of the most important presented to this House of Delegates. Its purpose is to provide the Society with accurate knowledge of social, political and economic trends upon which sound, farsighted decisions may be based avoiding thereby the hazards of action taken to meet recurring crises.

Without changing the intent of the resolution, but with a view to orderly implementation, the committee reworded it to read as follows:

**Amended Resolution No. 1 on Medical Care Study Committee:**

Whereas, twenty years ago, the Michigan State Medical Society embarked on a social experiment of prepared insurance for medical services for low income groups, and

Whereas, such insurance has been expanded to cover a large part of the population, and

Whereas, there is constant change in the social and economic conditions which have a bearing on medical care, and

Whereas, such changes can be predicted in advance to some extent, and

Whereas, it is important that the medical profession have a long-term knowledge of such future trends, therefore be it

**"RESOLVED:** That a committee of six members of the Michigan State Medical Society be appointed by the President to prepare a plan for long-range study of social, political and economic trends likely to affect future medical care in Michigan. This committee shall report its recommendations as to direction, scope and costs of such a continuing study at the next annual meeting of the House of Delegates, and be it further

**RESOLVED:** That a committee then be appointed to carry out the intent of this resolution by methods and procedures recommended in the study committee report and approved by the Michigan State Medical Society House of Delegates.

The committee recommends approval of this resolution as reworded. Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

## **XVII—11b. RESOLUTION NO. 17 RE THE APPOINTMENT OF A HISTORIAN FOR THE MICHIGAN STATE MEDICAL SOCIETY**

DR. WEED: This resolution was approved by the committee with slight changes in wording to read as follows:

Whereas, it is of interest and value to future generations to have an available historical record of an organization, therefore be it

**RESOLVED:** That the House of Delegates of the Michigan State Medical Society direct The Council to appoint a Historian. The term of office for the Historian shall be three years without restriction on re-appointment.

Mr. Speaker, I move adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

## **XVII—11c. RESOLUTION NO. 19 RE MSMS COUNCILORS HOLDING TWO POSITIONS**

DR. WEED: This resolution dealt with problems arising from simultaneous membership on The Council of the Michigan State Medical Society and on the Board of Directors of Michigan Medical Service. The advantages and disadvantages inherent in implementation of this resolution were discussed at length.

The committee reworded the resolution as follows:

Whereas, it may not be to the best interest of either organization when a member of The Council of the Michigan State Medical Society is also a member of the Board of Directors of Michigan Medical Service, nevertheless certain advantages when close liaison exists between these two organizations, therefore be it

**RESOLVED:** That not more than two members of The Council of the Michigan State Medical Society hold simultaneous membership on the Board of Directors of Michigan Medical Service.

The committee recommends approval of this resolution as reworded. Mr. Speaker, I move adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

## **XVII—11d. RESOLUTION NO. 42 RE GENERAL PRACTICE RESIDENCIES**

DR. WEED: This resolution is concerned with the present pilot program of the American Medical Association for development of general practice residencies. Dr. Rhoades and Dr. Hubbard gave valuable aid to the committee in its deliberations. While this committee is in sympathy with the intent of this resolution, it is the recommendation of the committee that it be disapproved for the following reasons:

1. The pilot program is at present only three months old. This is too short a time for adequate evaluation.

2. The present pilot program was approved before its inception by the American Academy of General Practice.

3. The channels of communications suggested in the resolution, namely through this House of Delegates of the American Medical Association are unnecessary as the American Academy of General Practice has direct communication and liaison with the proper committees and counsels of the American Medical Association.

Mr. Speaker, I move adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

## **XVII—11e. RESOLUTION NO. 43 STUDY COMMITTEE RE INDIGENT PHYSICIANS**

DR. WEED: This resolution concerns the formation of a study committee to evaluate the problem of indigent physicians. It was approved by the committee with minor changing in wording. As reworded, it reads:

**Amended Resolution No. 43 Study Committee re Indigent M.D.'s:**

Whereas, there exist in this state indigent physicians and physicians' families and

Whereas, we are convinced that this situation is not the desire of this State Society, therefore be it

**RESOLVED:** That the Speaker of the House be directed to form a committee to study this problem and that this committee report its findings and recommendations to the next annual session.

The committee recommends approval of this resolution as reworded.

Mr. Speaker, I move adoption of this portion of the report.

FRANKLIN L. TROOST, M.D.: I would like to amend the resolution to use the words "doctors of medicine" instead of "physician."

*[The motion was duly seconded and carried.]*



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Now we will vote on Resolution No. 43 as amended.  
[The motion was duly supported and carried.]

**XVII—11f. RESOLUTION NO. 51 RE TASK FORCE**

MILTON R. WEED, M.D.: Resolution No. 51 is concerned with the problem of counteracting misconceptions of medical problems presented at public meetings. The committee believes that proper handling of this important problem lies in the province of the Public Relations Committee. It recommends, therefore, that this resolution be disapproved and that the problem be referred to the Public Relations Committee of the Michigan State Medical Society for its consideration.

Mr. Speaker, I move adoption of this portion of the report.

[The motion was duly seconded and carried.]

**XVII—11g. RESOLUTION NO. 53 RE RESIDENCY TRAINING PROGRAMS**

MILTON R. WEED, M.D.: Resolution No. 53 is concerned with the problem of accreditation of residency training programs in private hospitals without outpatient clinics. The committee approved this resolution with minor changes in wording of the "resolved." The "resolved" as reworded reads as follows:

"RESOLVED: That the delegates of the Michigan State Medical Society to the American Medical Association House of Delegates be instructed to present a resolution to the American Medical Association House of Delegates recommending that either an adequate outpatient department in a private hospital or an alternative and equivalent course of training be accepted as meeting the requirement for an approved residency training program."

The committee recommends approval of this resolution as reworded.

Mr. Speaker, I move adoption of this portion of the report.

[The motion was duly seconded and carried.]

RALPH A. JOHNSON, M.D.: Mr. Speaker, before the report as a whole is adopted, I would like to make the suggestion on Resolution No. 53, in the wording of instructing the delegate to the AMA. My point is this, Mr. Speaker. It happens at times that your delegate to the American Medical Association may not introduce a resolution approved by their state society because of strategy. When you instruct your delegation you deprive them of strategic advantage. Having been a member from the Michigan State Medical Society to the AMA, I believe it is important that the word "instructed" be changed to the word "requested." It does not remove any of the strength of the resolution, but it does give some discriminatory action to your delegate to the American Medical Association, and I think that point is important to be recognized by this House.

THE VICE SPEAKER: Since we have acted on this already, Dr. Johnson, it will necessitate that you make a motion to reconsider this resolution. Do you do so?

RALPH A. JOHNSON, M.D.: In my opinion it is important enough to move for reconsideration on that.

THE VICE SPEAKER: Do you so move?

RALPH A. JOHNSON, M.D.: I do.

[The motion was duly seconded.]

THE VICE SPEAKER: It has been moved and seconded that we consider Resolution No. 53 for purposes of inserting a word. Is there any discussion?

All those in favor say "aye"; opposed "no." The "ayes" have it.

We will now reconsider Resolution No. 53, and you will amend it, Dr. Johnson.

RALPH A. JOHNSON, M.D.: Mr. Speaker, if I may amend Resolution No. 53 to delete the words "instruct the delegate to the American Medical Association," and substitute the word "request."

THE VICE SPEAKER: Is there support to this amendment?

[The amendment was supported.]

THE VICE SPEAKER: Is there any discussion? Hearing none, all in favor say "aye"; opposed "no." It is carried.

Unfortunately, I think we have to revote on the resolution as a whole for approval of this resolution, and I will entertain a motion for approval.

RALPH A. JOHNSON, M.D.: So move.

[The motion was duly seconded.]

THE VICE SPEAKER: It has been moved and seconded that we approve Resolution 53 as reworded. All in favor say "aye"; opposed "no." It is carried.

**XVII—11h. RESOLUTION NO 57 RE TECHNICAL AND ECONOMIC ADVICE**

MILTON R. WEED, M.D.: Resolution No. 57 is concerned with a mechanism by which the House of Delegates may evaluate actuarial reports of Michigan Medical Service. The committee recommends disapproval of this resolution for the following reasons:

1. It would result in a duplication of effort.

2. It would result in unnecessary expenses to the Society for a service which is properly the function of the Board of Directors of Michigan Medical Service and of the Insurance Commissioner of the State of Michigan.

3. No evidence was presented to indicate that such a survey would yield more accurate information than that currently available.

Mr. Speaker, I move adoption of this portion of the report.

[The motion was duly seconded and carried.]

MERLE A. HAANES, M.D.: The reason for this resolution, I was on the Medical Care Insurance Committee, The Council, for one year in which I closely observed the development of the \$6500 contract and was confronted with a very complicated array of figures including unit values, percentages and so forth that we found it very difficult to understand. We had no place to turn to ask for clarification of these figures, and as such we landed up with some unit values in fee schedules in the new contract that were lower than we had ten years ago. It was difficult to figure out how this happened. It became quite apparent there was a mechanism of certain percentage reduction which would be difficult to explain, but after thorough study, it was found this was a little out of order, and it was certainly more than it should have been.

In turning to the membership, or the technical assistance of Blue Shield, they did not feel it incumbent upon them to explain the technical aspects of the development of this because we had to accept it at face value.

Now I feel that the physicians in the State of Michigan should have technical and economic advice regarding their vested interest under special circumstances, not at all times, but certainly when it comes to accepting at face value, unit values, actuarial studies and so forth, more for their interpretation than their actual redevelopment and redoing, I am not stating the figures are wrong. The figures are right, but figures are terribly confusing, and they can be seen in different lights under different circumstances.

Now The Council itself recognizes the importance of having economic advice, and whether the mechanism is through the House of Delegates or employment through The Council, I think the principle of the doctors of medicine having technical and economic advisors much as they would have legal counsel and help in other professional fields, in which they are not proficient, certainly would be of significance in years to come.

THE VICE SPEAKER: I call for the question. You are now voting on disapproval of this resolution No. 57. All in favor say "aye"; opposed "no." It is disapproved.

MILTON A. WEED, M.D.: Mr. Speaker, I move the adoption of the report as a whole as amended.

[The motion was supported and carried and the committee was thanked for an excellent job.]



# **XIX. GENERAL MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY**

THE SPEAKER: Dr. Milton Darling come forward, please.

[Milton A. Darling, M.D., President of the Michigan State Medical Society, came forward and the audience arose and applauded.]

## **XIX—1. INDUCTION OF PRESIDENT KENNETH H. JOHNSON, M.D.**

PRESIDENT MILTON A. DARLING: Thank you, gentlemen. Tonight constitutes a departure of the regular proceedings of the Michigan State Medical Society from years past. For obvious reasons, the transfers of the duties of the office of President are occurring before the House of Delegates.

At this time I would like to ask The Speaker of the House, Dr. Lightbody, and the Chairman of the Council, Dr. Meier, to kindly conduct the President-elect to the rostrum.

[J. J. Lightbody, M.D., and H. J. Meier, M.D., conducted Kenneth H. Johnson, M.D., to the platform and the assembly arose and applauded.]

PRESIDENT DARLING: Dr. Johnson, by virtue of your long and distinguished career in the service of your community, of your family and of your patients, and more particularly for the Michigan State Medical Society, the members of that Society have chosen you to become its President. In doing so they are conferring upon you the highest honor they have to offer.

By virtue of my position, it is my duty to transfer the office to you, and in doing so, I wish to place upon you the badge of your authority which represents the Michigan State Medical Society which you preserve, protect and defend throughout your term of office.

Here is the gavel which represents your emblem of authority. In all probability you will have no occasion to use it. *(Laughter)* But should the occasion arise, I pray your aim is unerring, and last but not least, I have the honor to place upon you this, and I remove this.

Ladies and gentlemen, the President of the Michigan State Medical Society, Dr. Kenneth H. Johnson.

[The assembly arose and applauded.]

## **XIX—2. REMARKS OF PRESIDENT KENNETH H. JOHNSON, M.D.**

Mr. President, Mr. Speakers and Members of this House:

Gentlemen, I can only say that I am deeply touched and deeply flattered. I have been, as you know, connected with this House for several years. I can only wish with all my heart that every single member of the over 6000 doctors of medicine that we have in this Society could be present at your deliberations. I cannot conceive in my own mind of a more distinguished group.

I think that you are conducting the business of this Society in a way in which everyone of you should be proud. Thank you, Dr. Darling, Mr. Speaker, Mr. Vice Speaker, and all you members. *(Applause)*

## **XIX—3. PRESENTATION OF SCROLL AND KEY TO PAST-PRESIDENT MILTON A. DARLING, M.D.**

DR. JOHNSON: It is my distinct privilege, and I mean this from the bottom of my heart, to present to Dr. Darling a scroll for his service as President of this Society. I know of no one who has done a better job in all the years that I have been connected with this Society, and Milton, it is my very great pleasure to present you this scroll which states:

"Presented by the Michigan State Medical Society to Milton Darling, M.D., President 1959-1960, in deep appreciation and grateful recognition of distinguished service rendered to medicine."

It is signed by the Chairman of the Council, H. J. Meier, M.D., and by the Secretary, D. Bruce Wiley, Detroit, Mich., September 27, 1960.

And along with it, Dr. Darling, is the Past President's key.

[The key and scroll were presented to Milton Darling, M.D.]

PAST PRESIDENT MILTON DARLING: Thank you, very much, sir. It is a distinct honor and a pleasure which I shall cherish always. Thank you very kindly.

[The assembly arose and applauded as Milton Darling, M.D., and Kenneth Johnson, M.D., retired from the platform.]

JACK ROM, M.D. [Wayne]: Mr. Chairman, may I move the recognition given by The Council to Dr. Darling be reaffirmed by the House of Delegates.

*[The motion was supported.]*

THE SPEAKER: You have heard the motion properly seconded. All those in favor say "aye"; opposed "no." Thank you.

## **House of Delegates Reconvenes**

THE SPEAKER: We will now reconvene as the House of Delegates. We will proceed with supplemental reports of Reference Committees.

# **XVIII. SUPPLEMENTAL REPORTS OF REFERENCE COMMITTEES**

## **XVIII—1. REFERENCE COMMITTEE ON REPORTS OF THE COUNCIL**

JAMES B. BLODGETT, M.D.: Mr. Speaker, there are several recommendations of The Council that were put aside last night for later action.

The Council's recommendation No. 1 that was held over was that the House of Delegates give approval to the President's Program and urge enthusiastic support of this important project by all members.

I move the approval of this recommendation.

*[The motion was supported and carried.]*

JAMES B. BLODGETT, M.D.: Another such recommendation was No. 6, that the House of Delegates approve amendment to the Bylaws (Chapter 10, Section 1) to confirm the traditional practice of electing the officers of The Council in September, immediately after the election of new Councilors by the House of Delegates.

Mr. Speaker, I move the approval of this recommendation.

*[The motion was supported and carried.]*

JAMES B. BLODGETT, M.D.: Another such recommendation, No. 7, that the House of Delegates reactivate the MSMS Cancer Control Committee by approving amendment to Bylaws (Chapter 11, Section 3), as the guidance and advice of this committee is necessary at this time.

Mr. Speaker, I move the adoption of this recommendation.

*[The motion was duly seconded and carried.]*

JAMES B. BLODGETT, M.D.: The final such recommendation is No. 10, that the House of Delegates favorably consider a resolution establishing a system of awards for the employed personnel of the Michigan State Medical Society based upon length of time in satisfactory service and providing proper recognition in the form of insignia and other emoluments.

I move the adoption of this recommendation.

*[The motion was duly seconded and carried.]*

JAMES B. BLODGETT, M.D.: Mr. Speaker, I move the adoption of this report in toto.

*[The motion was duly seconded and carried.]*

THE SPEAKER: Thank you, Dr. Blodgett, and thanks to the members of your committee for this very fine report.

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**XVIII—2. SUPPLEMENTAL REPORT OF  
REFERENCE COMMITTEE ON REPORTS  
OF SPECIAL COMMITTEES**

**XVIII—2a. SUPPLEMENTAL REPORT ON  
COMMITTEE TO STUDY MSMS  
FINANCIAL STRUCTURE**

KEATE T. MCGUNEGLE, M.D.: The report of the committee so ably headed by Dr. Engelke contained a recommendation not included in yesterday's report of your reference committee because it was felt that this suggestion was important enough to require a separate recommendation.

It read, "We recommend the study of the establishment of a 'ways and means' type of reference committee of the House of Delegates to appraise the costs of new or special House of Delegates projects before they are voted by the House."

Your reference committee enthusiastically endorses the principle contained in this recommendation. It is quite obvious the majority of this House is strongly of this mind also.

After a long discussion, your committee felt that such a ways and means committee should be charged with the duty of furnishing cost estimates to the House on all motions involving expenditures of funds prior to final action by the House of Delegates.

Therefore we recommend that the Speaker appoint and implement such a reference committee to be inaugurated in the next session of the House of Delegates under the authority of Chapter 9, Section 10, Subsection E of the Bylaws.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

**XVIII—2b. ANNUAL REPORT OF HOUSE OF  
DELEGATES COMMITTEE ON COMMITTEES**

DR. MCGUNEGLE: Each year since 1957 there has been a committee to study the committee structure with a view to streamlining it. This year's Committee on Committees consisted of Drs. Johnson, Wiley, Fisher, McIntyre, myself, and George Slevin as chairman. The five basic categories of committees of the MSMS were used as the basic working draft. Your committee respectfully makes the following recommendations:

1. That each Standing Committee of the Michigan State Medical Society, appointed by the President, and each Standing Committee of The Council have a Vice Chairman appointed thereto. Purpose: To train future committee chairmen and to have available a qualified committee member to assume the duty of the chairman in his absence or incapacity.

Mr. Speaker, I move the adoption of this portion of the report.

THE SPEAKER: Is there a second to the motion to adopt?

*[The motion was duly seconded and carried.]*

K. T. MCGUNEGLE, M.D.: Recommendation No. 2 of the Committee on Committees. That the Chairman of The Council be urged to utilize existing and proper committees as presently designated before ad hoc or special committees are appointed.

Recommendation No. 3. That the appointing officer (President in the case of Michigan State Medical Society Committees and Council Chairman in the case of Council Committees) abolish any special committee not active for one year.

Mr. Speaker, I urge the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

K. T. MCGUNEGLE, M.D.: Recommendation No. 4. That the purpose of each and every committee now existing or to be appointed in the future, be completely spelled out, to avoid reduplication and to make for

better understanding and efficiency of operation.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

K. T. MCGUNEGLE, M.D.: Recommendation No. 5. That the House of Delegates give consideration to limiting the terms of all committee chairmen of The Council (appointed by The Council or The Council Chairman) and of the Michigan State Medical Society (appointed by the President) to a certain number of years as three or four years in order to gain more worked for and interest in the Michigan State Medical Society.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was supported and carried.]*

K. T. MCGUNEGLE, M.D.: The next recommendation is that the 41 committees of The Council be reduced to five standing and eight special committees as follows, with the President and Secretary being ex officio members of all committees:

A. 1. That the following amendment be added to the Bylaws, Chapter 10, new Section 2: (a) That "the County Societies Committee shall consist of a Chairman elected by The Council as indicated in Chapter 10, Section 1, and five members appointed by The Council Chairmen with the advice of The Council."

Mr. Chairman, I recommend the adoption of this portion of the report.

RALPH R. COOPER, M.D.: Mr. Speaker, I believe that since this is a Bylaw change, it is required that this be laid over for one meeting.

THE SPEAKER: The chair will rule that this will be put off until the next meeting.

K. T. MCGUNEGLE, M.D.: In that case, the following are all proposed additions to the Bylaws:

2. That Chapter 10, New Section 2 (b) be added to the Bylaws:

"Finance Committee: The Finance Committee shall consist of a Chairman elected by The Council as indicated in Chapter 10, Section 1, and six members, five to be appointed by The Council, and the Treasurer of the Michigan State Medical Society who is to be an ex officio member with power to vote. The Finance Committee shall advise The Council on administration of the Society's finances, and shall submit reports to The Council at least three times a year, including an Annual Report."

3. That Chapter 10, New Section 2 (c) be added to the Bylaws:

"Publication Committee: The Publication Committee shall consist of a Chairman elected by The Council as indicated in Chapter 10, Section 1 of the Bylaws, and six members, five of whom are to be appointed by The Council Chairman with the advice of The Council and the Editor of The Journal of the Michigan State Medical Society who will serve ex officio without power to vote. The Publication Committee shall be the Editorial Board of The Journal of the Michigan State Medical Society and shall advise The Council and the Editor in the conduct and policy of The Journal of Michigan State Medical Society, and shall submit reports to The Council at least three times a year including an Annual Report."

4. That the following amendment be added to the Bylaws, Chapter 10, New Section 2. (d) The Committee of Past Presidents:

Past Presidents: "The Committee of Past Presidents shall consist of all living Past Presidents of the Society who shall select their own Chairman, Vice Chairman and Secretary and shall meet at least once per annum.

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This committee shall advise The Council on matters of public policy and aid The Council in projects pertaining to the general good of the State Society. It shall submit an Annual Report to The Council."

## Education Liaison Committee.

5. This committee recommends a new Standing Committee of The Council to be known as "Education Liaison Committee" and recommends that Chapter 10, New Section 2 (e) of the Bylaws be added accordingly as follows: "The Education Liaison Committee shall consist of a Chairman, a Vice Chairman and not more than five additional members to be appointed by The Council Chairman with the advice of The Council. The Deans of the Medical Schools of Michigan and the Secretary of the Michigan State Board of Registration in Medicine shall be advisory members of this committee without vote. The Education Liaison Committee shall advise The Council on all matters pertaining to undergraduate medical education, licensure with the Michigan State Board of Registration in Medicine, and shall set up and coordinate courses for the Medical Schools dealing with Medical Economics and Medical Ethics."

That is likewise a proposed change in the Bylaws.

B. The committee further recommended that the following committees be made Special Committees of The Council and their duties spelled out:

1. Liaison Committee with Michigan Veterans Organizations.

2. Liaison Committee with the Health Insurance Council.

3. Michigan State Medical Service Representatives to the Michigan Cancer Coordinating Committee.

4. Michigan State Medical Society Representatives to Permanent Conference Committee.

5. Committee on Awards.

6. This paragraph was deleted by the Reference Committee for the reason there were other resolutions on the floor of the House which were either in opposition or complemented the idea behind this proposal. Therefore, it was deleted.

7. Liaison Committee with the State Bar of Michigan.

8. National Disaster and Civil Defense Committee.

Mr. Speaker, I move the adoption of this portion of the report known as "B" (on Page 96 of Handbook).

THE SPEAKER: The Chair will rule all items having to do with rules in the Bylaws will be put over for one meeting, whenever that meeting will be, and hereby refers these items to the Committee on Constitution and Bylaws in case we happen to have another meeting.

The motion to adopt this portion of the report as amended except those portions having to do with the Bylaws. Is there any discussion?

MAX L. LICHTER, M.D. [Wayne]: Mr. Speaker, I would move an amendment to Item 8 that this committee be known as the "Committee on Disaster Medical Care" which will make its designation conform with the designation of the similar committee in the American Medical Association.

THE SPEAKER: Your motion is to change the name of the committee from "National Disaster and Civil Defense Committee" to "Committee on Disaster Medical Care."

[The motion was supported and carried.]

THE SPEAKER: We will now vote on the motion to approve this portion of the report as amended. All those in favor say "aye"; opposed "no." The motion was carried.

K. T. MCGUNEGLE, M.D.: Page 97 of Handbook re Postgraduate Medical Education Committee has already been acted on in substance in this session of the House.

Page 98 of Handbook: The committee recommends that the Standing Committee of Michigan State Medi-

cal Society known as Committee on Preventive Medicine and its Subcommittees be changed to "Public Health Committee" and that Chapter 11, Section 3 of the Bylaws be amended as follows:

Delete—"Rheumatic Fever Control" and substitute "Cardiac Disease Control."

This committee disapproves the next sentence. That is, deleting "Venereal Disease Control" and "Tuberculosis Control" and substituting "Communicable Disease Control."

The reference committee recommended disapproving that deletion.

Third deletion, "Postgraduate Medical Education," which is set up as separate committee.

Recommend that the following be made subcommittees of the Public Health Committee:

A. Committee on Rural Medical Service

B. Committee on Blood Banks

C. Highway Accident Prevention

D. Committee on Cancer Control

E. Committee on Diabetes Control

F. Committee on Iodized Salt

G. Venereal Disease Control

H. Tuberculosis Control

Moreover, the committee recommends that the work of the Liaison Committee with Michigan State Society of Neurology and Psychiatry and the Michigan Psychological Society be taken over by the Subcommittee on Mental Health.

The committee recommends that the Bylaws be amended by adding to Chapter 11, a New Section 8 to be known as "Advisory Committee to Woman's Auxiliary" as follows:

"Section 8. The Advisory Committee to the Woman's Auxiliary of the Michigan State Medical Society shall consist of a chairman and not more than three members. It shall be available to the Woman's Auxiliary for guidance in its activities and to advise concerning its problems. The Advisory Committee shall transmit to the Woman's Auxiliary any projects that the State Society feels should be undertaken by the Woman's Auxiliary for the benefit of the profession and the people served by the profession," and a new Section 9 to be known as Advisory Committee to the Michigan State Medical Assistants Society.

"Proposed Amendment to Bylaws, Chapter 11, new Section 9. The Advisory Committee to the Michigan State Medical Assistants Society shall consist of a chairman and not more than three members. It shall be available to the Michigan State Medical Assistants Society for guidance in its activities and to advise concerning its problems. The Advisory Committee shall transmit to the Michigan State Medical Assistants Society any projects that the State Society feels should be undertaken by MSMAS for the benefit of the profession and the people served by the profession."

The committee recommends that Chapter 11, Section 4 be amended by deleting the following: "The President shall appoint such Subcommittees of this Committee as are required in the execution of its work," and substituting therefor the following: "The President shall appoint the following Subcommittees (a) Radio and Television; (b) Press; (c) Scientific Motion Pictures; (d) Publications. Each of these Subcommittees shall consist of a Chairman and four members.

THE SPEAKER: Any portion of this report that has to do with change in the Bylaws will automatically be put off until the next meeting, and it will not be necessary to read them at this time.

The committee recommends a new Section 10 of Chapter 11 of the Bylaws be added as follows:

A Committee on Professional Insurance Plans shall consist of a Chairman and Vice Chairman and not more than six additional members. It shall be the duty of this committee to study such matters as professional liability insurance, group insurance, retirement plans, and the insurance plans pertaining to MSMS members. It shall

submit an annual report with recommendations to the House of Delegates.

The committee recommends that a New Section 3, Chapter 10 be added to the Bylaws as follows:

"Special and ad hoc committees may be appointed by The Council or its chairman with the advice of The Council, as required to help administer the executive functions of the Society, provided that no existing Stand-in or Special Committee is qualified to perform such duties. Each such committee shall render periodic reports of its findings and recommendations to The Council."

The Committee on Committees after careful review of the various House of Delegates Committees, noted that all but the Permanent Advisory Committee on Fees are ad hoc committees, with the Committee to Review the Financial Structure of Michigan State Medical Society being appointed every three years and, therefore no change in House of Delegates Committees is recommended.

The committee recommends that in Chapter 10 of the Bylaws, Section 2 through 12 be renumbered to 4 through 14 to accommodate the new section as recommended above; and to Chapter 11, Section 1 be added the subdivisions "g" and "h" and also the new Sections 8, 9 and 10 as recommended above.

The committee desires to thank the Executive Director and his staff for their task and the Reference Committee wish to commend the Committee on Committees for the work they have done.

Mr. Speaker, I move the adoption of that portion of the report.

THE SPEAKER: It has been moved to adopt this report as amended except those portions of the report having to do with the change in the Bylaws.

*[The motion was duly seconded and carried.]*

K. T. MCGUNEGLE, M.D.: Mr. Speaker, I move the adoption of the report of the Reference Committee on Reports of Special Committees as a whole as amended.

*[The motion was seconded and carried.]*

### XVIII—3. SUPPLEMENTAL REPORT OF THE REFERENCE COMMITTEE ON CONSTITUTION AND BYLAWS

#### XVIII—3a. RESOLUTION NO. 56

RALPH R. COOPER, M.D.: After discussion, the resolved portion of this resolution was amended to read: "Each resolution shall be introduced by a delegate. It shall be in writing and presented in triplicate to the Secretary. It shall be referred to the proper Reference Committee by the Speaker before action thereon is taken.

Mr. Speaker, since this requires a Bylaw change no action can be taken until the next meeting.

THE SPEAKER: No action will be taken on this resolution until the next regular meeting.

RALPH R. COOPER, M.D.: At our supplemental meeting on Constitution and Bylaws last evening it was pointed out that several of our recommendations were Bylaw changes and should be laid over for one meeting. This has been accomplished, and we are now ready to consider again these portions which were laid over.

The report of the Special Committee to Study Election of Councilors on a Geographic Basis and Status of Councilors as voting members of the House of Delegates was considered together with Resolutions 12, 13 and 44 which had been proposed to implement the recommendations of the committee. Resolutions 11 and 12 are disapproved since The Council acts as the interim body. This was laid over from last year. This has been acted on.

It was felt, therefore, that confusion of responsibility would result if Councilors were elected by popular vote. It was also felt if the Councilors were not elected by popular vote they should not be granted a vote in the House of Delegates.

#### XVIII—3b. RESOLUTION NO. 13 MSMS COUNCILORS—TERM OF OFFICE

Was recommended by deleting the phrase "and provided further that not more than eight Councilor terms shall expire normally at any Annual Session."

Resolution No. 13 as amended was then approved.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

#### XVIII—3c. PETITION FOR REVOCATION OF CHARTER. RESOLUTION NO. 14 ON CLARIFICATION OF THE MSMS BYLAWS

Was approved as submitted. This was a motion on clarification, changing the wording. The present reading is: "Petition for the revocation of charter of any component county society may be filed with The Council by a Councilor of the district within which each society is located."

It was moved to be changed to: "Revocation of charter of any component county society may be filed with The Council by a Councilor of the district within which such society is located."

This was apparently a typographical error in the book, but we need action to change it back to the original form.

Mr. Speaker, I move to adopt this portion of the report.

*[The motion was seconded and carried.]*

#### XVIII—3d. RESOLUTION NO. 18 ON CONSISTENCY OF COUNTY—MSMS BYLAWS RE BYLAWS, CHAPTER I, Sec. 1.

This was previously presented and discussed. (See Page 393.)

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

RALPH R. COOPER, M.D.: Mr. Speaker, I move the adoption of this report as amended as a whole.

*[The motion was duly seconded and carried.]*

Thank you Dr. Cooper.

#### XVII—12. REPORT OF THE REFERENCE COMMITTEE ON RULES AND ORDER

#### XVII—12a. RESOLUTION NO. 54 RE REVISED RULES AND ORDER OF BUSINESS OF HOUSE OF DELEGATES

CLAUDE L. WESTON, M.D.: The subject of this resolution was on revising the rules and order of business for the Annual Session of the MSMS House of Delegates, and because of the nature of this subject it was considered advisable to divide the resolution into two sections.

The original resolution read: "That the Annual meetings of the MSMS House of Delegates consist of six meetings with the following order of business." Continuing, the first meeting was arranged for Sunday afternoon. This was to be the organizational meeting taking up the headings numbered 1 to 16 under the order of business as printed in the Handbook and as presently used. It was also outlined that the order of business for Sunday evening should include the reports of House Committees, Standing Committees, and Special Committees of MSMS, after which the introduction of resolutions was to be made. The agenda for the Monday and Tuesday meetings was also contained in the original resolution.

After thorough discussion by members of the committee and guests, which included B. M. Harris, M.D., Councilor, and D. Bruce Wiley, M.D., Secretary, it was felt that it lay within the province of the Speaker of the House to arrange extra or additional meetings of the



House, and that probably he being in close contact with the activities, would be in a better position to judge the necessity for such meetings.

Therefore the committee recommends a substitute "Resolved" which shall read as follows:

"Be it resolved that the number of meetings of the session of the MSMS House of Delegates be determined by the Speaker according to the volume of business to be considered."

Mr. Speaker, I move the adoption of this portion of the resolution.

[The motion was duly seconded and carried.]

CLAUDE L. WESTON, M.D.: The second portion of the resolution which has to do with the means of implementing the work of the delegates was very carefully considered and thoroughly discussed by all present. The committee recommends that this portion be adopted, with a few amendments and shall read as follows:

"Be it further resolved that to save time and to implement the work of the delegates

A. All preliminary reports of

1. The Council and Council Committees
2. The Delegates to the AMA
3. Michigan Medical Service
4. The House Committees

5. MSMS Standing and Special Committees be included in the loose-leaf notebook introduced at this session, such reports being completed as of the 31st of August, and

B. The above notebooks with complete reports be sent to delegates by the 20th of September.

C. That the present loose-leaf notebook also include the Constitution and Bylaws, committee membership and other miscellaneous information now included in the printed Handbook, and

D. That all of the above reports be accepted by the delegates in the printed form, with only explanatory remarks being made by the chairman from the podium."

Mr. Speaker, I move the adoption of this portion of the resolution as amended.

[The motion was duly seconded and carried.]

CLAUDE L. WESTON, M.D.: Mr. Speaker, I move the adoption of the report of the committee as a whole.

[The motion was seconded and carried.]

THE SPEAKER: Thank you, Dr. Weston and your committee for their work.

#### XVIII—4. SUPPLEMENTAL REPORT ON THE REFERENCE COMMITTEE ON LEGISLATION AND PUBLIC RELATIONS

LAWRENCE A. DROLETT, M.D.:

##### XVIII—4a. RESOLUTION NO. 52 RE MICHIGAN CRIPPLED CHILDREN COMMISSION FEE SCHEDULES

The "Resolved" reads:

"That the Legislature of the State of Michigan be requested to adjust the Michigan Crippled Children's Commission Fee Schedule for doctors of medicine to conform to the Michigan Uniform Fee Schedule for Governmental Welfare Agencies."

The committee adopted this resolution unchanged. Mr. Speaker, I move the adoption of the resolution.

[The motion was seconded and carried.]

##### XVIII—4b. RESOLUTION NO. 55 RE PEOPLE-TO-PEOPLE HEALTH FOUNDATION

DR. DROLETT: I believe this regards the ship Hope, and the "Resolved" is:

"That the Michigan State Medical Society endorses and commends the interest and objectives of the People-to-People Health Foundation and the work of the Michigan Physician's Committee for the People-to-People Health Foundation."

JANUARY, 1961

The committee unanimously recommends that this resolution be adopted. Mr. Speaker, I move the adoption of the resolution.

[The motion was seconded and carried.]

LAWRENCE A. DROLETT, M.D.: I would like to move the adoption of the entire committee report, and thank the members of my Committee on Legislation and Public Relations. They have done a very fine job.

[The motion was duly seconded and carried.]

Thank you very much, Dr. Drolett and your committee for their work.

#### XVII—13. REPORT OF THE REFERENCE COMMITTEE ON MEDICAL SERVICE AND PREPAYMENT INSURANCE

DONALD N. SWEENEY, JR.: Mr. Speaker, your Reference Committee on Medical Service and Prepayment Insurance is prepared to present a complete report at this time.

First, I would like to thank the Speaker and those with whom he consulted for providing me, as Chairman of this Reference Committee, with Committeemen who are not only well versed in background material on prepayment problems but who were also untiring in their invaluable and wise assistance during our many committee meetings. I express my thanks to these men: Sidney Adler, M.D., James D. Fryfogel, M.D., Don Marshall, M.D., Robert L. Novy, M.D., John W. Rice, M.D., R. Wallace Teed, M.D. and John M. Wellman, M.D.

I would also like to express my appreciation to several other gentlemen who are present by invitation for information. They are: Doctor G. Thomas McKean, President of Michigan Medical Service, Mr. L. Gordon Goodrich and his staff of Michigan Medical Service, Dr. Donald H. Stubbs, Dr. Russell Carson, and Mr. John W. Castelucci of the National Blue Shield Association.

I would be remiss at this point if I failed to thank the members of Dr. D. Bruce Wiley's staff of this Society who cheerfully worked not only during the day but late last night typing, mimeographing and helping me with my spelling.

This Reference Committee was presented with four reports of committees and nine resolutions. This report will deal with each of these in order.

The reference committee in its open hearings allowed all interested members of this society and the several invited guests to participate in discussions.

The first item of business had to do with the MCIC Report.

##### XVII—13a. MEDICAL CARE INSURANCE COMMITTEE REPORT

The Reference Committee reviewed the supplemental report of the MCIC, dated September 18, 1960. We compliment the committee on the considerable work done during the year to understand the problem of the impact of a \$6,500 family income contract upon subscribers, employers, and physicians.

We believe the unit value as recommended by the MCIC for the M-65 group of contracts was based on inadequate statistical information furnished. At the time the unit values for the M-75 series were being established by MSMS Committees, compensation for the difference between the projected annual rate of earnings of the subscriber and the gross annual earnings of the family were taken into consideration. This upward adjustment was necessary because of the amended base for the determination of service benefits. This was estimated to be 15% of the projected annual rate of earnings of the subscriber. This estimate is now thought to have been an arbitrary decision which was based on inaccurate information. We do not think that this is binding in the present determination of unit values for the M-65 contracts. Therefore, the Reference Committee recommends that the unit values of M-65 contracts be not approved.

DIGEST OF PROCEEDINGS, HOUSE OF DELEGATES, 1960

Mr. Speaker, I move the adoption of this portion of the report.

THE SPEAKER: Is there a second to the motion?

[The motion was duly seconded and carried.]

DONALD E. SWEENEY, JR., M.D.: We note the information obtained by the MCIC regarding the reaction of the public to the M-65 contract. We believe the information therein is of very considerable importance, as it reflects on the attitude of these groups towards the problem that has been under consideration. We encourage the concept that there should be continued conferences on specific problems of medical care between leaders in medicine and leaders in industry, business, and the labor fields, as illustrated by activities of this committee.

We considered the recommendations made by the MCIC (to be found on Page 11 of the MCIC Supplemental Annual Report.)

We revised recommendation No. 1—to read as:

No. 1: "The M-75 contract be continued in its present form with changes to be made as necessary." (Amended—see below.)

No. 2: "Further studies should be made of a basic contract with a low-income ceiling."

No. 3: "Blue Shield subscribers should be educated as to the costs of high utilization and how they are individually affected by these high costs." This prospect belongs in the field of public relations and is not germane to the work of the MCIC.

We revised No. 4 to read: Conferences on specific problems of medical care between leaders in medicine and leaders in industry, business, and the labor fields should be continuous.

Mr. Speaker, I move the adoption of this portion of the report.

[The motion was duly seconded.]

THE SPEAKER: You have heard the motion. It has been seconded.

MAX L. LICHTER, M.D.: I move that recommendation No. 1 be amended by the addition of the following: The M-75 contract shall provide that where a participating physician has reason to believe that the combined earnings of a subscriber and working spouse are greater than the maximum income of the applicable contract then in force, the physician may at his discretion make a charge in excess of that provided in such contract unless the subscriber furnishes evidence that the combined income of subscriber and spouse is not in excess of the maximum income specified in his contract. Disputes shall be resolved by Michigan Medical Service whose decision shall be binding upon both parties.

FLOYD B. LEVAGOOD, M.D.: I would like to support this, Mr. Speaker.

JOHN W. RICE, M.D.: This in essence takes the guarantee out of the single subscriber income. It puts it back on the family income basis, and gentlemen, if that is what you want to do and abrogate the contracts we have in force and abrogate the contracts that are based on the single subscriber income, then it is your pleasure.

MAX L. LICHTER, M.D.: One of the big problems that has bothered this House is the question of the working wife or the working spouse. This has created many situations of inequity in which one finds that a spouse with a minimum income and a minimum contract presents the identification card for the entire family even if the other spouse is employed at an average wage. This has required many physicians adhering to the service principle to furnish such people service at a fee less than a physician should receive.

Now the number of instances in which this occurs is admittedly small, but nonetheless, this is a very honourous situation. The intent of this amendment in no way removes certification. It still adheres to the single subscriber principle, but in those cases where it is obvious that the physician is not being adequately compensated it permits the physician to make a determination which will be fair to him.

RALPH R. COOPER, M.D.: I just want to point out when we are talking about abrogation of certain things in the contract, that the board of Blue Shield has already advocated things in this contract by renegeing on the promise that these contracts should be sold only in the price class involved, that we all know there has been many instances in which the people earning over \$7,500.00 have been allowed to buy class A, class B contracts at their wish, so the precedent for the abrogating certain small parts of this contract is already established, and I feel that I would support Dr. Lichter's amendment.

MERLE A. HAANES, M.D.: Mr. Chairman, I think the significant part in support of this is that it was almost impossible to accurately determine family income by Michigan Medical Service or by industry, and this was one of the things they most steadfastly did not want to take up. So last year we agreed that the doctor himself would assume this responsibility if and when he should undertake to determine family income.

Now the amendment places this in a very nice position whereby certification continues, and if the physician truly has reason to believe this income far outstrips the certification, it would give him the right to certify himself, family income, without having Blue Shield or any of our large corporations having to take this on, and I would recommend that this amendment be adopted.

FLOYD B. LEVAGOOD, M.D.: Mr. Chairman, I wish you would all listen to this amendment very carefully. If you remember, last year, there was a great deal of argument, a great deal of dissatisfaction on this very point. Dr. Rice knows full well what an argument arose on this point. This doesn't do anything except make it fair for many of these families, and it is fair to the physician. These are small in number, but this is an example of the type of thing that causes a split and creates disharmony in the profession on something that really doesn't matter to a great percentage, but it is something that will produce harmony where there is nothing but discord at the present time.

JOHN W. RICE, M.D.: As the man who made the amendment knows, and as he stated, this affects only a small number of people. Only 50% of the contracts based on factual evidence are issued to people who might come under a family income. The other 50% are in brackets that could not come under family income. They are either certificates, noncertified, single subscribers or not married, or there is one other group which I do not recall. I don't think this is coming up, but any way, of the other 50% there is only a small portion who are subject to the family income determination. If this amendment is adopted, gentlemen, as I said before, you abrogate your agreement with Blue Shield.

Blue Shield as you can guess is not in any authority to certify to their subscribers that this contract will be guaranteed and that the fee that is allowed you will be a total fee, and that you will guarantee service on that fee.

Now if you feel that you do not care to guarantee service on such a fee, then that is your pleasure. That is the entire basis of all the business that has been done by Blue Shield up to this point, and this little simple amendment abrogates this whole thing. I think you should be aware of that.

MAX L. LICHTER, M.D.: I would just like to point out to the previous speaker, my good friend Dr. Rice, that the intent of this amendment is not to abrogate. The intent is that this wording or wording like it shall become part of the contract.

I, as you know full well, would not be party to anything which would abrogate the responsibilities of this Society or of its members, and I would think that this would only have force if the contract language were so changed as to include this which I am sure you will concede then is no abrogation.

All those in favor of the amendment say "aye"; opposed "no." The amendment is carried.

We will now vote on the motion to adopt this portion

of the report which includes recommendations one to four.

All those in favor say "aye"; opposed "no". The motion is carried.

**XVII—13b. REPORT OF THE JOINT COMMITTEE OF THE MICHIGAN STATE MEDICAL SOCIETY AND NATIONAL BLUE SHIELD ASSOCIATION**

DR. SWEENEY: We take cognizance of the information as to the responsibilities of the Corporate Body and the Board of Directors of the Michigan Medical Service and the responsibilities that exist in the relationship of one to the other. The questions raised about the responsibilities and prerogatives of the Michigan State Medical Society as they encroached and negated the responsibilities of the Board of Directors of Michigan Medical Service was a direct result of the adoption of the Statement of Principles on Prepaid Medical Care Insurance, adopted September 25, 1957. These Principles of 1957 vested authority which is the legal responsibility of the Board of Directors of MMS in committees of The Council of the Michigan State Medical Society. Such conflict created confusion. We approved of the recommendations as follows:

1. That the original 1957 Statement of Principles be replaced by the "Revised Statement of Principles on Pre-paid Medical Care Insurance," stated in the report (commencing on page 6) to be amended as follows:

The Michigan State Medical Society will approve voluntary, non-profit, prepayment medical benefit plans which:

1. Make generally available voluntary, non-profit, prepayment plans in Michigan which will permit the financing of the costs of medical services.

2. Provide for the people of Michigan, represented by the subscribers, a method of helping them to meet the costs of medical care by providing payment to physicians for these services.

3. Support the best standards of medical practice by a professionally qualified, independent medical profession.

4. Endorse the service principle of medical care at an income level approved by the House of Delegates of the Michigan State Medical Society.

5. Maintain the principle of freedom of choice for both the physician and the patient.

And further, the Michigan State Medical Society shall:

a) Cause periodic studies to be made of economic conditions as they relate to service income levels and accompanying schedules of benefits. It shall make periodic reviews of the fee schedules.

b) Provide a mechanism to examine and consider any prepayment plan submitted for approval, and to provide liaison with any insurance carrier.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.: We continue with the recommendations of the Joint Committee.

II. That Michigan Medical Service revert to its original participating agreement, titled "Doctors Enrollment Application with Michigan Medical Service."

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.:

III. That, to assist members of the Corporate Body to carry out their responsibilities, the nominating committee of the Michigan Medical Service will give members of the corporate body information about each candidate for election to the Board of Directors of Michigan Medical Society.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.:

IV. That members of the Michigan State Medical Society be advised of their rights to present problems directly to the Medical Advisory Committee of the Board of Directors of Michigan Medical Service.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.:

V. That the Councilor District Medical Care Insurance Committees be dissolved and that suitable committees at the county level be utilized for the handling of problems of pre-paid medical care insurance.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.:

VI. That the operation of Michigan Medical Service be carried out by the Board of Directors, and that the Michigan State Medical Society and its committees be utilized in an advisory capacity.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.: Your Reference Committee recommends adoption of the further recommendations of the Joint Committee, (to be found on Page 10) which follows:

1) That the recommendations from the ad hoc Study Committee on Regional Election of Michigan Medical Service Board Members be not accepted, but 2) That Article II, Section 2 of the Bylaws of Michigan Medical Service be amended to provide:

That Michigan Medical Service Board of Directors shall appoint a nominating committee of seven, two of whom shall be members of the Board of Directors and five shall be members of the Corporate Body who are not serving as Directors. The Chairman shall be one of the members from the Board of Directors.

The nominating committee shall submit at least two nominees for each vacancy for the physician members of the Board, but the number of nominees for the lay members shall be left to the discretion of the Board of Directors. The nominees shall be selected, insofar as practicable, on a regional and population basis.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.: The Reference Committee reviewed the problem concerning the remunerations for prolonged and/or complicated cases as set down in the Joint Committee report: Your reference committee recommends adoption of the recommendations of the Joint Committee (to be found on page 12) but amended to read as follows:

(1) That the existing procedures for remuneration for prolonged and/or complicated cases be clearly defined by the Board of Directors of Michigan Medical Service.

(2) That the Board of Directors of Michigan Medical Service undertake an educational campaign to inform the physicians of these existing procedures and their rights for remuneration for prolonged and/or complicated cases.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

DONALD N. SWEENEY, M.D.: This Reference Committee considered the resolution "MSMS Contract Approval by House of Delegates" (also to be found on Page 12) which had been referred to the Joint Committee by the 1959 House of Delegates. I will read the "Resolves".

"RESOLVED: That the above noted Authority-to-approve delegated to The Council is hereby rescinded; and be it further

"RESOLVED: That any insurance carrier or prepay-

ment plan organization seeking approval of endorsement of its program by MSMS shall submit the complete text of the policies, for which approval is sought, to this House as a whole, for appropriate action."

Because of the highly technical problems involved in evaluation of contracts, it is believed that this resolution is impractical, and we therefore offer a substitute resolution which embodies basic ideas that are implied by the original resolution as follows:

**"RESOLVED:** That any change in income ceiling or major change in scope of benefits in any insurance contract be submitted to this House of Delegates for appropriate action."

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

#### XVII—13c. MICHIGAN MEDICAL SERVICE ANNUAL REPORT

DONALD N. SWEENEY, M.D.: This reference committee studied in detail the Michigan Medical Service Annual Report on Pages 147 to 166 inclusive, in the Handbook for Delegates of 1960, and the Supplemental Report of Michigan Medical Service to the House of Delegates dated September 25, 1960.

We accept the progress report in the development of the \$6,500 family income contract to comply with resolution A passed by this House, September, 1959. Although we recognize the difficulties that have confronted the Board of Directors in all states of development of the M-65 group of contracts, we are critical of the slow progress reported thus far. We also note the statement in the Supplemental Report that "The Board finds itself unable to discontinue the sale of M-75 at the present time or in the near future." We urge that the Board continue its studies of this problem.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded.]*

RALPH R. COOPER, M.D.: Mr. Speaker, I would like to move an amendment to add at the end of the report as printed, after the word "problem", the phrase "and that the Board be requested to present a \$6,500 family income contract before the next annual session of the House of Delegates."

EDWARD J. TALLANT, M.D. [Wayne]: I second the amendment.

All those in favor of the amendment say "aye"; opposed "no". The amendment is lost by a vote of 73 to 14.

We will now vote on the motion to adopt this portion of the report.

THE SPEAKER: All those in favor say "aye"; opposed "no". The motion carried.

DONALD N. SWEENEY, M.D.: Substitute Resolution C of the 1959 House of Delegates (at top of page 148 of the Handbook) has been implemented by the incorporation of a statement of assignment on the Doctor's Service Report.

Compliance has already been made with Resolution No. 7 (page 148:G) concerning biographical sketches of nominees.

It is noted that negotiations may soon be completed through the adoption of a National Account Contract.

Resolution No. 3 (page 149 E) passed by the House of Delegates in 1959 relative to the issuance of income-not-certified policies and freedom of selection of policies has been put into effect.

Resolution No. 30 (page 150:F) concerning the itemization of Blue Shield vs. Blue Cross premium costs has been implemented with considerable unfortunate delay by the distribution of a folder: "Your Blue Cross-Blue Shield Dollar." The public relations aspect of the material in this folder leaves much to be desired.

Resolution No. 15 (page 150:G) requesting limitation of a term of directorship has been met by the Board as indicated in the Handbook.

Since Michigan Medical Service is a non-profit organization instituted for the public good, as a Reference Committee we share a great disappointment that the thoroughly justified request for a 19½ per cent rate increase was not granted in full by the Insurance Commissioner. This is difficult to understand in view of the public demand for liberalization for benefits. The attitude of the Insurance Commissioner discourages proper utilization of present benefits or expansion of future programs. We recognize that every effort should be made by all parties concerned to prevent abuses in the prepayment field. We are distressed that a non-profit corporation developed for the good of the public finds itself in this unfortunate financial situation. We accept the financial statement as given for information.

In consideration of the enrollment section of this report (page 156), we note that approximately 3½ million (or roughly ½ of the citizens of the State of Michigan) are now covered by the M-75 program.

From our review of the report of the Professional Relations Activities of MMS—we commend the effort and urge its continuation.

Mr. Speaker, I move that this portion of this report be accepted.

*[The motion was duly seconded and carried.]*

#### XVII—13d. REPORT OF THE RELATIVE VALUE SCALE SUBCOMMITTEE

DR. SWEENEY: We accept this as an interim report and await their future conclusions.

Mr. Speaker, I move that this portion of this report be accepted.

*[The motion was duly supported and carried.]*

#### XVII—13e. RESOLUTION NO. 3—DESCRIPTIVE CODING OF MEDICAL SERVICES

DONALD N. SWEENEY, M.D.: Your Reference Committee has reviewed Resolutions No. 3 and 46 together, of which I will read the resolving sections. I will read No. 3 first.

**"RESOLVED:** That the Michigan State Medical Society immediately study and develop more detailed codings of the non-surgical services of medical care based on the diagnosis and treatment of the ailment and comparable in detail to existing codings of surgical services, and to include home, hospital, and office procedures, and be it further

**"RESOLVED:** That the detailed codings of non-surgical service, home, hospital and office, as soon as developed, shall be incorporated and used as the basis of the description of such services in all negotiations with state or national governmental agencies and all prepayment insurance plans involved in supplying medical service, or the reimbursement of costs of medical care, and be it further

**"RESOLVED:** That the Michigan State Medical Society shall establish a means of continuing study of the adequate detailed coding of all medical care so that the new procedures and additional descriptions both surgical and non-surgical may be coded and more quickly incorporated into all schedules which depend on such descriptive coding for the supplying or reimbursement of costs of medical care."

#### XVII—13f. RESOLUTION NO. 46 RE PAYMENT FOR MAJOR MEDICAL SERVICES BY MICHIGAN MEDICAL SERVICE

**"RESOLVED:** That it is the sense of the House of Delegates, Michigan State Medical Society, that Michigan Medical Service should establish specific fees for services for all major medical services similar to the specific fee schedules in effect for surgical services; and be it further

**"RESOLVED:** That such specific fee schedules for major medical services be employed in all future negoti-



tions between Michigan Medical Service and/or Michigan State Medical Society and governmental agencies for all prepayment insurance plans or contracts wherein medical service is involved."

This Reference Committee recommends that these resolutions, without comment, be referred to the Relative Value Study Committee of Michigan State Medical Society for its appraisal and recommendations of action thereto.

Mr. Speaker, I move the adoption of this portion of this report.

*[The motion was duly seconded.]*

ROSS V. TAYLOR, M.D.: Mr. Speaker, this Resolution No. 3 was introduced originally because of repeated delays in solving some pressing problems. It seemed essential the principles in this original resolution be approved by the House in order to obtain action. Secondly, the Relative Value Study Committee has been assigned the specific duty of developing a Michigan Relative Value Study. The codings which the Relative Value Committee developed may be adequate, but they may not be as inclusive as contemplated by more detailed study. If the relative value codings are adequate, nothing has been lost. I would further point out that the original resolution requests the continuing action which is somewhat detailed in scope. I would therefore recommend the House approval of a substitute resolution which is identical in context to the original resolution No. 3.

LUTHER R. LEADER, M.D.: Mr. Speaker, the reason I rise to speak to this is because I think what the medical department wants is a study of their fees, etc. Now we feel that we were spending a lot of money in the Relative Value Committee. We wish we were through. We are not. It runs into some several months. As far as our committee can see, and our committee has been given this resolution to study, we feel that first, we are making a study of what these resolutions ask for, and therefore, if you pass this resolution or the amendment to this resolution, you are going to repeat the same thing over with another great expense.

I think the least you could do is see what we do with what they have given us, and then if it is not adequate, at the next session you can ask for a review of what they want.

ROSS V. TAYLOR, M.D.: I move a substitute resolution which is identical to the original Resolution No. 3.

RICHARD E. WUNSCH, M.D.: Second the motion.

LOUIS J. BAILEY, M.D.: Point of order! I think of a substitute motion as being essentially an amendment. The motion that Dr. Sweeny made was to commit and that is a more privileged motion.

THE SPEAKER: We will take the word of the parliamentarian for that. The motion on the floor then is to commit this to the Relative Value Study Committee.

*[The question was put and carried.]*

#### XVII—13g. RESOLUTION NO. 4—BLUE SHIELD POLICY

DR. SWEENEY: Your Reference Committee reviewed in detail Resolution No. 4, the resolving sections of which I will read:

"RESOLVED: That the Genesee County Medical Society firmly believes that prepayment health insurance on a partial indemnity or a deductible basis should be adopted throughout the State of Michigan, and be it further

"RESOLVED: That the Genesee County Medical Society endorse the report of the Committee for Evaluation and recommend its adoption, and be it further

"RESOLVED: That the Genesee County Medical Society believes that failure of the House of Delegates to act on the above decisions, and failure to exercise the above mentioned recommendations, will mean frequent stopgap changes to appease the public and powerful pressure groups (to keep Blue Shield solvent) thereby leading to chaos, and finally, in desperation, to a request

from a misguided public and a frustrated profession, for full government control of medical practice."

This Reference Committee was informed that the presentation of the philosophy of the Genesee County Medical Society relative to Blue Shield policy was accomplished by the introduction of this resolution.

We therefore recommend that it be received for information and no action be taken.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

#### XVII—13h. RESOLUTION NO. 6—HOSPITAL EMERGENCY CARE

Your Reference Committee has reviewed Resolution No. 6 concerning hospital emergency care. I will read the resolving sections.

"RESOLVED: That the Michigan State Medical Society undertake a study to develop means whereby such "emergency care" can be carried out within the framework of the private practice of medicine, and be it further

"RESOLVED: That the Michigan State Medical Society recommend to the Michigan Hospital Service that it discontinue the practice of paying for routine clinic care in hospital emergency rooms."

This Committee views with alarm the continuing encroachment of hospitals on the private practice of medicine. This Committee recommends that this resolution be referred to The Council of the Michigan State Medical Society for appropriate action, which action is to include consideration by the members of the Michigan State Medical Society who are members of the Board of Trustees of Michigan Hospital Service.

Mr. Speaker, I move the adoption of this portion of this report.

*[The motion was duly seconded and carried.]*

#### XVII—13i. RESOLUTION NO. 41 RE MMS PAYMENT FOR SURGICAL ASSISTANTS

DONALD N. SWEENEY, M.D.: Your Committee has considered Resolution No. 41 concerning MMS payment for surgical assistants. I will read the resolving section.

"RESOLVED: That The Council is hereby directed to take such steps as may be necessary to require Michigan Medical Service to pay for 'surgical assistants where required,' in accordance with the Basic Principles for Prepaid Medical Care Insurance, as adopted by this House."

We would substitute the following "RESOLVED":

"RESOLVED: That the Council of the Michigan State Medical Society is hereby directed to advise MMS to reconsider its present method of paying for 'surgical assistants where required.'"

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded and carried.]*

#### XVII—13j. RESOLUTION NO. 45—SEPARATION AND DIVESTMENT OF THE MICHIGAN STATE MEDICAL SOCIETY FROM THE MICHIGAN MEDICAL SERVICE

Your Reference Committee has considered Resolution No. 45 concerning separation and divestment of the Michigan State Medical Society from the Michigan Medical Service, from which I will read the "RESOLVED":

"RESOLVED: That the Michigan State Medical Society through its House of Delegates establish a committee to use every practical means to explore and study the advisability and all ways and means of legally, ethically, financially, responsibly, and otherwise separating and divesting itself from the direct sponsorship and responsibility for the Michigan Medical Service while at the

same time not jeopardizing the successful future of Blue Shield nor the respect of the medical profession."

This resolution is in direct conflict with a resolution reaffirming MSMS sponsorship of a prepaid medical care insurance program passed by the House of Delegates in 1959. We recommend disapproval of this resolution.

Mr. Speaker, I move the adoption of this portion of this report.

[*The motion was duly seconded and carried.*]

**XVII—13k. RESOLUTION NO. 47 RE POLICY FOR PREPAID MEDICAL CARE INSURANCE PLANS**

The reference committee considered resolution No. 47 entitled "Policy for Prepaid Medical Care Insurance Plans"—I will read the resolved:

"RESOLVED: That it is the opinion of this House of Delegates that Michigan Medical Service should develop a new contract embracing the following basic principles:

(1) Uphold the original purpose of Michigan Medical Service to spread the cost of medical care to protect the low income group against the cost of serious illness.

(2) Maintain normal patient-physician relationship without the intrusion of any third party.

(3) Eliminate all service contracts except for the low income group.

(4) Preserve free choice for both the patient and the physician, and be it further

"RESOLVED: That it is the opinion of the House of Delegates that such a contract should:

(1) Cover only basic in-hospital medical, surgical, obstetric and anesthesia services.

(2) Permit appropriate riders to cover such extra services, as X-ray, laboratory tests, office surgery, etc., as options for any purchaser who desires to pay the extra premium."

This committee recognizes the general importance of this resolution. It recommends that "Resolved" No. 1 be deleted and that the second "Resolved" be revised to read:

"RESOLVED: That it is the opinion of this House of Delegates that Michigan Medical Service should consider developing a new contract to protect the low income group against the cost of serious illness embracing the following features:

(1) Cover only basic in-hospital medical, surgical, obstetric and anesthesia services.

(2) Permit appropriate riders to cover such extra services as X-ray, laboratory tests, office surgery, etc., as options for any purchaser who desires to pay the extra premium."

In this connection, your committee calls attention to the second recommendation of the Medical Care Insurance Committee "that further study should be made of a basic contract with a low income ceiling" which was previously presented in the report of this reference committee tonight.

Mr. Speaker, I move the adoption of this portion of this report.

[*The motion was duly seconded and carried.*]

DONALD N. SWEENEY, M.D.: Resolutions No. 48 and 49 were considered together.

This Reference Committee considered resolutions No. 48 and 49 entitled respectively "Family Income" and "Loading Charges Made on Unit Values," of which I will read the resolving sections.

**XVII—13l. RESOLUTION NO. 48 RE FAMILY INCOME—MMS**

"RESOLVED: That the present method of income certification be maintained as is, and be it further

"RESOLVED: That the family income principle be made a part of the M-75 contract forthwith or as soon as possible but without determination by management, and be it further

"RESOLVED: That the physician determine the application of the family income principle and when applicable make an additional charge if he so sees fit and be it further

"RESOLVED: That any dispute be handled by an appropriate body empowered to take depositions regarding statements of subscribers."

**XVII—13m. RESOLUTION NO. 49 RE LOADING CHARGES MADE ON UNIT VALUES—MMS**

"RESOLVED: That the present unit values for M-75 and any future unit values be subject to no conditions or loading factors, and be it further

"RESOLVED: That the 15% loading charge be made a permanent part of the unit values of M-75."

The intentions of these resolutions were not entirely clear to the Reference Committee. It is the feeling of the Reference Committee that the sense of these resolutions has been covered in the discussion of the Supplemental Report of MCIC as follows: "We believe the unit values as recommended by the MCIC for the M-65 group of contracts are based on inadequate statistical information furnished. At the time the unit values for the M-75 series were being established by MSMS Committees, compensation for the difference between the projected annual rate of earnings of the subscriber and the gross annual earnings of the family were taken into consideration. This upward adjustment was necessary because of the amended base for the determination of service benefits. This was estimated to be 15% of the projected annual rate of earnings of the subscriber. This estimate is now thought to have been an arbitrary decision which was based on inaccurate information. We do not think this is binding in the present determination of unit values for the M-65 contracts."

We recommend therefore that no action be taken on resolutions 48 and 49.

Mr. Speaker, I move the adoption of this portion of this report.

[*The motion was duly seconded and carried.*]

DONALD M. SWEENEY, M.D.: Medical Care Insurance is a complex subject, with endless technical factors and a variety of philosophical approaches. There is some basis for reasoning that physicians should not be in the insurance business. On the other hand, Blue Shield constitutes medicine's greatest contribution in the public interest. There is a belief that insuring a large portion of the public might establish possible basis for socio-economic control by a government agency. On the other hand, insuring the public well and efficiently is what the public wants and will procure, thereby avoiding the demand for government medicine. It is logical and physicians as individuals may favor one philosophy or another, and emphasize one factor or another.

Blue Shield must avoid capricious change. It has too many contracts in existence and too many individuals concerned, to be subject to change from year to year. Blue Shield is not frozen, but should change its major principles and factors only after very careful consideration. Consequently, it is the duty of the Board of Michigan Medical Service to keep its ship from tilting too frequently and too far. It should be a duty of this Reference Committee to point out to the House of Delegates that it must recommend, to the House for approval, a stable course of action, which of necessity means that resolutions too far from the middle of the road must be disapproved.

The \$6500 family income ceiling approved by the House in 1959 was a major change. Its promulgation was too slow, but the delay enabled a more thorough consideration of all facets concerned. It is the opinion of the Committee today, based on findings of the MCIC and reports from the Board of MMS that the \$6500 income ceiling is not logical and should be reappraised. The public wants the \$7500 ceiling and it should be retained. At least the issuance of \$6500 family income contract should continue to be delayed until

further study and analysis show it to be advisable. These facts are the answer of this committee to the question: What has been done to comply with Substitute Resolution A, passed by this House a year ago? (1960 Handbook for Delegates—Page 147)

Therefore, even if this is reiteration, this Reference Committee recommends:

#### XVII—13n. RECOMMENDATIONS OF REFERENCE COMMITTEE

(1) That the M-75 contract be continued in its present form with changes to be made as necessary.

(2) That further study be made of the \$6500 family income contract.

(3) That further study be made of a basic contract with a low income ceiling (Substitute Resolution No. 47).

(4) That this House of Delegates reaffirm its support and sponsorship of MMS as a non-profit organization in the public interest.

Mr. Speaker, I move the adoption of this portion of the report.

*[The motion was duly seconded, discussed, and carried.]*

DONALD N. SWEENEY, M.D.: This report which I have presented is the unanimous report of this Reference Committee, and Mr. Speaker, I move the adoption of this report as a whole as amended.

*[The motion was duly seconded.]*

LOUIS F. HAYES, M.D.: I would like to raise a question, and I would like to preface my question with a couple of remarks. I stand in awe of the magnitude of work done by this committee and I am in great admiration of the facility with which this committee has done its work. I think the like of it has never been seen in this House of Delegates. I would like also to state that I have extremely high regard for all of the people regardless of their philosophies involved in this debate.

I would like to raise this question. Inasmuch as we have taken this excellent report and made one small amendment that makes the doctor of medicine now the judge of family income should we not in justice remove the 15% loading factor which was supposed to have taken care of that and thereby reduce the premiums to the patient? Now this has been stated twice in this reference committee report. On the second page the 15% is explained, and on the remarks made by the committee on the next to the last page this again is stated, and there is in the remarks of the Chairman a very fine statement. Blue Shield must avoid capricious change. I think this is something that has been overlooked by this House of Delegates, and I am really quite sure that it is not something that is going to be overlooked by the Insurance Commissioner.

THE SPEAKER: Thank you. Is there any further discussion of the motion to adopt this report as a whole? If not, all those in favor say "aye"; opposed "no." **The motion is carried,** and I want to take this opportunity to thank Dr. Sweeney and his committee, and I think the House of Delegates owe him a rising vote of thanks.

*[The assembly arose and applauded.]*

THE SPEAKER: I wish also to thank Dr. Carson, Dr. Stubbs, and John Caralucci for their help in helping the committee to develop this report.

#### XX. ELECTIONS

THE SPEAKER: The Tellers for the evening are Dr. Wunsch, Dr. Stander and Dr. Vanden Berg.

#### XX—1. COUNCILOR OF THE SECOND DISTRICT

ARTHUR W. STROM, M.D. [Hillsdale]: Mr. Speaker, I should like to place in nomination the name of a man who has served in this House for years, and who has served on The Council for the last five years, the

latter part of this time in a difficult situation as Chairman of the Finance Committee. Oliver B. McGillicuddy has been a diligent Councilor. He has performed excellently for this State Society. He has met all of the communications and all other problems of constituent county societies in the Second District.

It gives me great pleasure to nominate Oliver McGillicuddy to succeed himself for a term of blank years, three I believe, if the previous action of the House is correct, as Councilor of the Second District.

BYRON P. BROWN, M.D. [Eaton]: I am very proud to second the nomination of Dr. McGillicuddy for Councilor of the Second District.

MEMBER: Mr. Speaker, I move that the nominations be closed and the Secretary be instructed to cast a unanimous ballot for Dr. McGillicuddy.

*[The motion was duly seconded and carried.]*

THE SPEAKER: Dr. McGillicuddy is unanimously elected Councilor of the Second District.

#### XX—2. COUNCILOR, THIRD DISTRICT

HARVEY C. HANSEN, M.D. [Calhoun]: Mr. Speaker, the delegates of the Third Councilor District are very proud of the accomplishment of our Councilor representing us in the past term. We certainly wish to again give you one of our best Councilor's to succeed himself indefinitely, Harold J. Meier.

ROBERT M. LEITCH, M.D. [Branch]: Mr. Speaker, it is my great pleasure to second the nomination of Dr. Meier.

R. A. SPRINGER, M.D. [St. Joseph]: Mr. Speaker, I move the nominations be closed and that the Secretary be instructed to cast a unanimous ballot for Dr. Meier.

*[The motion was seconded and carried.]*

THE SPEAKER: Dr. Meier, Councilor for the Third District.

#### XX—3. COUNCILOR, SEVENTH DISTRICT

K. T. MCGUNEGLE, M.D.: I would like to nominate for Councilor from the Seventh District, John J. Coury of Port Huron. We are all sure he will be a great honor to this Society.

CHARLES W. OAKES, M.D. [Huron]: I would like to second that nomination of Dr. Coury.

MEMBER: I move the nominations be closed and that the Secretary be instructed to cast a unanimous ballot.

*[The motion was seconded and carried and Dr. Coury was declared Councilor of the Seventh District.]*

#### XX—4. COUNCILOR, NINTH DISTRICT

GERALD A. DRAKE, M.D. [Northern Michigan]: First, I would like to express our regret over the resignation of Dr. Pike. He will be absent from our District for three years following which we hope you give him back to us. I would like to place in nomination the name of Robert V. Daugharty from Cadillac. Dr. Daugharty is a respected member of the profession. He was a member of this House of Delegates ten years. That experience should be valuable to The Council.

FRANK H. POWER, M.D.: I wish to second the nomination of Robert Daugharty of Cadillac.

FRANK H. POWER, M.D.: I move the nominations be closed and a unanimous ballot be cast for Dr. Daugharty.

*[The motion was seconded and carried, and Dr. Daugharty was declared Councilor of the Ninth District.]*

#### XX—5. COUNCILOR, TWELFTH DISTRICT

EUGENE R. ELZINGA, M.D. [Marquette Alger] I would like to express the appreciation of the work that retiring Dr. Montgomery has done for our district, and also to nominate Dr. James R. Dehlin of Delta County.

DONALD D. FINLAYSON, M.D.: I will second the nom-

ination and move the nominations be closed and that a unanimous ballot be cast for Dr. Dehlin.

*[The motion was seconded and carried and Dr. Dehlin was declared Councilor of the Twelfth District.]*

#### XX-6. COUNCILOR, FIFTEENTH DISTRICT

WALTER J. ZIMMERMAN, M.D. [Oakland]: Last year on the recommendation of the Fifteenth District this body elected Dr. Bob Mason of Birmingham to fill the unexpired term of Dr. Wiley who resigned to become Secretary of the Society. Dr. Mason has carried out his duties in exemplary fashion in the Fifteenth District. I again nominate Dr. Robert J. Mason to succeed himself on The Council.

EDWARD G. SIEGFRIED, M.D. [Macomb]: I would like to second the nomination of Dr. Mason.

MEMBER: Mr. Speaker, I move the nominations be closed and that a unanimous ballot be cast for Dr. Mason as Councilor of the Fifteenth District.

*[The motion was seconded and carried, and Dr. Mason was declared Councilor of the Fifteenth District.]*

#### XX-7. COUNCILOR, SIXTEENTH DISTRICT

EDWARD J. TALLANT, M.D. [Wayne]: I wish to place in nomination the name of Wyman C. C. Cole as Councilor for the Sixteenth District.

MILTON R. WEED, M.D.: I would like to second the nomination of Dr. Cole and move that the nominations be closed and a unanimous ballot be cast for Dr. Cole.

*[The motion was seconded and carried, and Dr. Cole was declared Councilor of the Sixteenth District.]*

#### XX-8. DELEGATES TO AMERICAN MEDICAL ASSOCIATION

RICHARD E. WUNSCH, M.D.: Mr. Chairman, I would like to place in nomination the name of Dr. William Bromme with whom you are all familiar. He has served well as Councilor, and we believe he will serve well in this job.

RALPH R. COOPER, M.D.: I would like to second the nomination of Dr. Bromme.

CLARENCE I. OWEN, M.D.: It is a great pleasure for me to nominate Dr. Bob Novy to succeed himself as delegate to the American Medical Association. All of you know Bob very well. I sat with him in the AMA House and watched his work, and he is a great credit to our state. It is with extreme pleasure that I present his name.

LUTHER R. LEADER, M.D.: Mr. Speaker, I would like to second the nomination of Dr. Novy.

ROBERT M. LEITCH, M.D.: Mr. Speaker, it is a pleasure for me to place in nomination Dr. George W. Slagle of Battle Creek who is presently a delegate to the AMA. For many years he was a delegate to this body, and many years as Councilor, and as you all know, Past President of Michigan State Medical Society.

MEMBER: I would like to second the nomination of Dr. Slagle.

RALPH A. JOHNSON, M.D.: I move the nominations be closed and a unanimous ballot be cast for Drs. Bromme, Novy and Slagle for AMA Delegates.

*[The motion was seconded and carried, and Drs. Bromme, Novy and Slagle were declared Delegates to AMA.]*

CLARENCE I. OWEN, M.D.: Mr. Chairman, I request the privilege to interrupt. Dr. Wyman Barrett served his last session for the State of Michigan. I would like to move that this body express its thanks to Dr. Barrett for his many years' service as delegate to the AMA. The only reason he wasn't chosen again was by his own request to retire at this time. *(Applause)*

RALPH A. JOHNSON, M.D.: I would like to second that recommendation and have it unanimously adopted by the House.

#### XX-9. ALTERNATE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

JOHN G. SLEVIN, M.D.: Mr. Speaker, I would like to place in nomination for alternate delegate to the American Medical Association an incumbent well known to you who has been past president of his county society and is at the present time the chairman of the very important Mediation Committee, Dr. Luther Leader.

HERBERT W. DEVINE, M.D. [Wayne]: Mr. Speaker, I would like to second the nomination of Dr. Leader.

FRANKLIN L. TROOST, M.D.: Mr. Speaker, I would like to place in nomination a man who has shown the society how hard and how well he can work. He is a diligent, careful capable worker. I think his ability should be further used. Because of his ability I would like to nominate Dr. Max L. Lichter.

LOUIS F. HAYES, M.D.: I would like to second the nomination.

GEORGE T. BRADLEY [Wayne]: I would like to place in nomination the name of Dr. Don N. Sweeny.

SIDNEY ADLER, M.D.: I would like to second the nomination of Dr. Sweeny.

DONALD R. SMITH, M.D. [Dickinson-Iron]: I would like to place the name of Dr. John Heidenreich to succeed himself as alternate delegate to the AMA. He served on this body for a number of years and on various committees. We feel he would make a good alternate delegate to the AMA.

CLARENCE I. OWEN, M.D.: Mr. Chairman, it is a pleasure to second the nomination of Dr. Heidenreich.

LOUIS F. HAYES, M.D.: Mr. Speaker, I move the nominations be closed.

*[The motion was seconded and carried and the delegates cast their ballots.]*

THE SPEAKER: Results of your balloting for Alternate Delegates to the AMA are the election of Drs. Leader, Heidenreich and Sweeny in that order.

#### XX-10. PRESIDENT-ELECT

R. WALLACE TEED, M.D.: Mr. Chairman, members of the House of Delegates: It is a real pleasure and privilege to put in nomination for President-Elect for the Michigan State Medical Society the name of Otto K. Engelke of Ann Arbor. Dr. Engelke is a native of Cincinnati, graduated from the University of Cincinnati Medical School in 1933, took his internship in New York City, and then practiced general medicine in Dearborn for three years where he developed his ideas of the private practice of medicine.

Later he transferred to the University of Michigan where he took graduate work in public health, securing the Degree of Master of Public Health. He comes from a medical family. His father-in-law, his brother-in-law and his nephew are all physicians. His wife is not only the wife but also the daughter of a physician. He has been a member of the Washtenaw County Medical Society for over twenty years and has held important positions in the Society.

He has also been a member of the House of Delegates for fourteen years, during which he has been chairman of the Reference Committee on Hygiene and Public Health for a number of years and has carried out valuable work for the House of Delegates.

He has been Chairman also, in 1956 and 1960, of the House of Delegates Financial Investigating Committee and you are familiar with his report today. He is interested in sound fiscal policy and will carry on in the same way. He is also a Past President of the Michigan Health Council which is a cooperating organization with the Michigan State Medical Society. At home he is Past President of the Ann Arbor Community Chest, is Assistant Professor at the University of Michigan where he has an opportunity to interview students and sell them on the philosophy of the private practice of medicine.

Last time when a President of the Michigan State



Medical Society came from Washtenaw County was in 1942 when Dr. H. H. Cummings was your President. I believe that it is time again for a native of Washtenaw County to be elected to the Presidency of this Society.

HENRY A. SCOVILL, M.D. [Washtenaw]: I wish to second the nomination of Dr. Otto K. Engelke of Washtenaw County. You are all familiar with Dr. Engelke's excellent, faithful service in this House for several years. He is President-Elect of his own County Society and held in very high esteem by the practicing physicians of his community. The relations between the Health Department which he heads and the doctors in his county are exceptionally good because of his tact and leadership.

Dr. Engelke will be a dynamic leader of this Society. RALPH A. JOHNSON, M.D.: Mr. Speaker, this, I trust, will be my swan song as a member of this House of Delegates. I have had in my opinion the highest honor that this House affords, which is to serve you at the national level as a member of the House of Delegates of the American Medical Association.

Early in my career as a delegate from Wayne to this House, I had the good fortune to meet and know Dr. Engelke. He has been a sterling member of this House. That factor of his character has been recognized by every speaker, by appointment to Reference Committees and other responsible duties. I urge every delegate to read carefully the Engelke report which is perhaps the most thorough, careful and considered report on the financial structure of our state society that we have had the privilege of reading. In my humble opinion, Dr. Engelke possesses most of the sterling qualities possessed by his successors. It is with privilege and pride that I second the nomination of Dr. Engelke.

DE VERE R. BOYD, M.D. [Muskegon]: Perhaps once in a lifetime an occasion presents itself at which time you can say the things you would like to say about a friend before such a distinguished group of physician colleagues as are present here tonight. I have some things to say about one of our mutual friends, and when I have completed these comments I am going to place his name in nomination for the Presidency of the Michigan State Medical Society.

The friend of whom I speak was born in Muskegon on December 5, 1896. Upon graduation from Muskegon High School, the University of Michigan and a stint in the United States Army Air Force, he embarked upon a career of being a Doctor of Medicine by graduating from the University of Michigan Medical School in 1923.

It was almost expected that he would be a doctor because his father before him was a doctor—a very distinguished doctor. In fact, a doctor who was the President of this Michigan State Medical Society, and that was in 1933.

After receiving his medical training and interning at Memorial Hospital in Philadelphia, he returned to Muskegon and began practice in 1923. Always alert to the need for more knowledge in order to meet the demands occasioned by our swiftly advancing science, this doctor took postgraduate work at the University of Michigan, at Barnes Hospital, St. Louis, at the Cook County Hospital in Chicago, and at Massachusetts General Hospital in Boston. His scientific attainments were recognized by his election as a Fellow of the American College of Physicians in 1930, and became a member of the Board of Internal Medicine in 1937.

Our friend became identified with the American Diabetes Association in 1940, and served as President of the State Society of Diabetes. His work with this organization was exemplary, and he formed a pattern of cooperation with the public whereby on a community-wide and state-wide basis a program was begun that carried the soundness of scientific knowledge, with the virtue of voluntary service.

Our friend's services were also well recognized in his own community. He served as President of Muskegon County Medical Society. He also served as secretary of

our local society, and in 1953 he was chosen to represent his District Council of Michigan State Medical Society.

For seven years he has distinguished himself on that body and for five years has been on the Executive Committee. He has been on the County Societies Committee.

Probably one of the most outstanding achievements of our friend, which will go down in history, was his part in organization of Michigan Association of the Professions, and his choice by the members of this group as their first president, I think, speaks very highly of him. Under his leadership the MAP has already become a dynamic force in our state and forerunner of great service in this country.

I could elaborate further about his work with the American Red Cross, a civic leader, and his remarkable ability to resolve problems with a combination of forthrightness and humor, founded on a basis of strong sincerity. I have introduced this man who needs no introduction, but it has been a pleasure to review his outstanding record. I now place in nomination before this group the name of William M. LeFevre, M.D., of the State of Michigan.

FRANK D. JOHNSON, M.D.: Mr. Speaker, I wish to second the nomination of Dr. William LeFevre. First of all, I listened with pride to the nominating speech, and second of Dr. Otto Engelke. Indeed, this House of Delegates is proud of that man. He has done an outstanding job in the House of Delegates and I wish that I could do as well in talking about LeFevre as his seconder as these men did for Dr. Otto Engelke. I am not the speaker that these other men were, and I don't think I could do so. I do sincerely hope that we will not lose Dr. Engelke from this House of Delegates.

I believe that Dr. LeFevre is deserving of this honor. He has served faithfully and well as a Councilor, and he has been a man of big heart. He pushed himself to the limit, and I believe is deserving of this honor. He is not as young nor as vigorous as Dr. Engelke and this is perhaps his last opportunity for this high honor.

I take great pleasure in placing the name of Dr. LeFevre in nomination for President-Elect for this Society.

LAWRENCE A. DROLETT, M.D.: It is with a great deal of pleasure that I note the work and responsibility that Dr. LeFevre has given to this society, and I am highly honored to second the nomination of Dr. Bill LeFevre.

MEMBER: I move the nominations be closed.

[The delegates cast their ballot for President-Elect.]

THE SPEAKER: The President-Elect is Dr. Engelke.

[Dr. Engelke was escorted to the platform.]

OTTO K. ENGELKE, M.D.: At a time like this any words seem inadequate. I think I would not be telling the truth if I didn't say that this is one of the greatest moments of my life. I just wish I could share them now with my wife, Maria, who has really been in the practice of medicine, too, for many, many years, and has worked awfully hard for the improvement of medical practice in these United States. If she were here, I am sure that she would recognize that this group is as fine an organization as a man could ever have the privilege of working for. I certainly recognize this. I shall have a very difficult task to try to fill the shoes of my distinguished predecessors. I shall work as hard as I know how, to justify the confidence you have placed in me. Thank you so much. (Applause)

JAMES B. BLODGETT, M.D.: Mr. Speaker, I would like to move a vote of commendation and appreciation to the Speaker, the Vice Speaker and their supporting staff, for their tolerant and efficient conduct of the deliberations of this House of Delegates.

[The motion was duly seconded.]

(Applause)

THE SPEAKER: This was rather unexpected. Thank you very much, and I shall speak for the Vice Speaker and the staff, too, I believe. There is considerable work associated with these jobs, but I think we all enjoy it,

and it is you gentlemen out there in front that make it easy for us up here.

J. DUANE MILLER, M.D.: This again is a great personal privilege. A. Verne Wenger, M.D., who was the oldest delegate in this House and has the longest record of attendance is now unable to attend. He asked me to personally present his regards to the House, and thank the members for all the years of fine association he had with them. Verne is so short of breath now, that he is no longer able to attend. Thank you, Mr. Speaker.

#### XX—11. SPEAKER OF THE HOUSE OF DELEGATES

THE VICE SPEAKER: The position of Speaker of the House is now open for nominations.

FLOYD B. LEVAGOOD, M.D.: It is my privilege, Mr. Speaker, to have the opportunity and the honor to nominate the man for Speaker of the House. The man which I wish to place in nomination is an individual who has great renown as a physician, and all of you have seen the excellent work and tremendous work and organization for which he is responsible in this House. This man has served as Vice Speaker of this House for three years. The excellence of his job speaks for itself as we have all sat here in witness of this accomplishment.

At this time, Mr. Speaker, I would like to place in nomination the name of James Lightbody as Speaker of the House. *(Applause)*

LAWRENCE A. DROLETT, M.D.: Mr. Vice Speaker, I would like to support the motion for Dr. Lightbody as Speaker of the House.

LOUIS F. HAYES, M.D.: I move the nominations be closed.

THE VICE SPEAKER: Hearing no more nominations, all in favor say "aye"; opposed "no." *(Applause)*

THE SPEAKER: Gentlemen, thank you very much for this expression of confidence. It makes me feel very happy. I would like to take this opportunity to thank the Chairman and members of the committees of the House of Delegates that worked during this past year and came in with such excellent reports.

This is the first year, as you know, that we have had working committees that have had to work during the regular year, and there is no doubt that it seems that the House of Delegates is getting into more committee work. We have had Committee on Committees and it

seems the more Committee on Committees we have, the more Committees we get, and so it is difficult to know just where we are going in relation to committee work, but perhaps the next report of the Committee on Committees will take care of that.

#### XX—12. VICE SPEAKER OF THE HOUSE OF DELEGATES

JOHN W. RICE, M.D.: Mr. Speaker, one year ago I ran against Dr. Falls for Vice Speaker of the House of Delegates. Very fortunately he was elected, and I think that he has done such an excellent job that I would like to renominate him for that position as Vice Speaker of the House of Delegates.

LOUIS F. HAYES, M.D.: Mr. Speaker, I would like to second the nomination as the other losing candidate last year.

THE SPEAKER: It has been moved and seconded that nominations be closed and the unanimous ballot be cast in favor of Dr. Falls.

All those in favor say "aye"; opposed "no." Congratulations. *(Applause)*

THE VICE SPEAKER: I am certainly honored indeed, by my defeated opponents, and I want to express my sincere appreciation of the opportunity for serving you in this capacity. I have an excellent teacher. I have an excellent chance to learn the ropes of this job from the Speaker. As you can see, I am a novice. Certainly it has been a pleasure. It is certainly an education to be here, and may I second what has been intimated this evening. The organizational ability of Jim is amazing. I think this meeting went extremely smoothly chiefly because of his arrangements, his organizational ability and I couldn't have a better teacher, but I hope to try and meet some of the requirements of his task making. *(Applause)*

THE SPEAKER: I would like to thank the office staff, all the stenographers, particularly Dick Phileo who assisted me so much during the past two months in organizing the work of this House, and all who helped to make this House of Delegates a success. I really think we should give them a vote of thanks for that. *(Applause)*

#### XXI. ADJOURNMENT

THE SPEAKER: I will accept a motion to adjourn. *[The motion was moved, severally seconded, and the House of Delegates adjourned at twelve o'clock midnight.]*

